Salish Behavioral Health
Administrative Services Organization

EXECUTIVE BOARD MEETING

DATE: June 3, 2026
TIME: **12:00 pm – 1:00 pm**
LOCATION: Hybrid – Alderwood Room, Jamestown S'Klallam Tribal Center
1033 Old Blyn Hwy, Sequim, WA 98382

LINK TO JOIN BY COMPUTER OR PHONE APP

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Meeting ID: 835 6004 4411

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

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Agenda

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 Executive Board Meeting Minutes for March 13, 2025 (Attachment 5 [page 7])
6. Action Items
   a. Advisory Board Member Appointments [page 3]
   b. Advisory Board Recommendations Regarding R.E.A.L. Program RFP [page 4]
   c. 2026 Policy and Procedure Updates [page 5] (Attachment 6.c.1 [page 12], 6.c.2 [page 13], and Supplemental Packet 6.c.3).
7. Informational Items
   a. Rural Health Transformation Project [page 6]
8. Behavioral Health Advisory Board Updates [page 6]
9. Opportunity for Public Comment (limited to 3 minutes each)
10. Adjournment

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EXECUTIVE BOARD MEETING

Acronyms

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

Salish Behavioral Health
Administrative Services Organization

EXECUTIVE BOARD MEETING

June 3, 2026

Action Items

A. ADVISORY BOARD MEMBER APPOINTMENTS

The SBH-ASO Advisory Board membership includes 3 representatives from each county and 2 Tribal Representative.

Current Advisory Board membership includes:

Clallam County
- Mary Beth Lagenaur
- Molly Barnes
- 1 Vacancy

Jefferson County
- 3 Vacancies

Kitsap County
- Helen Havens
- Naomi Levine
- Renee Hernandez Greenfield

Tribal Representative
- Stormy Howell (Lower Elwha)
- Morgan Allen (Jamestown S'Klallam)

SBH-ASO received Advisory Board applications from two individuals. Applicants were interviewed by SBH-ASO Executive Director Jolene Kron and Advisory Board Chair Stormy Howell.

Clallam County Representative applicant: Dioselín Gonzalez

Dioselín Gonzalez is a resident of Clallam County. She has post-graduate training in public policy and governance, with experience supporting policy development and engagement with governmental partners. She is a committed advocate for mental health services and is interested in deepening her understanding of, and contribution to, the Salish region's service delivery.

At the March 20, 2026 meeting, the Advisory Board unanimously recommended that the Executive Board appoint Dioselín Gonzalez to the Advisory Board to represent Clallam County.

Staff requests Executive Board approval for the appointment of Dioselín Gonzalez to the SBH-ASO Advisory Board for a 3-year term from June 1, 2026 – May 30, 2029.

Jefferson County Representative applicant: Sherriff Andy Pernsteiner

Sheriff Pernsteiner has served Jefferson County in law enforcement for 28 years. His experience includes extensive work with individuals experiencing mental health and substance use challenges, along with long-standing involvement in multiple community and public-service organizations. He has received ongoing training throughout his career related to behavioral health and has direct insight into system needs through his leadership of the county jail.

At the May 15, 2026 meeting, the Advisory Board unanimously recommended that the Executive Board appoint Sherriff Pernseiner to the Advisory Board to represent Jefferson County.

Staff requests Executive Board approval for the appointment of Sherriff Pernsteiner to the SBH-ASO Advisory Board for a 3-year term from June 1, 2026 – May 30, 2029.

B. ADVISORY BOARD RECOMMENDATIONS REGARDING R.E.A.L. PROGRAM RFP

The statewide Recovery Navigator Program experienced a 30 percent overall program funding reduction in the last two legislative sessions. SBH-ASO has supplemented the program with General Fund–State to support the existing infrastructure. To improve efficiency without reducing services, SBH-ASO determined that teams will be reduced to one per county. This change will increase the size of a single team and streamline positions to better meet program needs. SBH-ASO released a Request for Proposal, open only to existing R.E.A.L. Teams, to determine which team in Kitsap and Clallam counties will continue under this structure. The contract change will take effect July 1, 2026.

At the March 20, 2026 Advisory Board meeting, an RFP Subcommittee was established to review the future structure of the R.E.A.L. Program. All four eligible agencies providing R.E.A.L. services in Clallam and Kitsap counties submitted proposals. The Committee reviewed and scored the written proposals. Proposers participated in an interview process with the RFP Subcommittee on May 12, 2026. The group then deliberated and reached consensus on its recommendations.

The Committee recommendations will be presented to the Salish BH-ASO Executive Board for final approval at the June 3, 2026 meeting.

C. 2026 POLICY AND PROCEDURE UPDATES

Staff is seeking the Executive Board's approval of the revised Policies and Procedures. Policy review occurs annually to ensure SBH-ASO is in alignment with contract and statutory requirements. Additional changes in this review were necessitated by the expansion of utilization management processes related to implementation of HB1813. Policies are reviewed and updated with SBH-ASO program staff and leadership, as appropriate. All policies are then reviewed and approved by the Policy and Procedure committee. All updated and approved policies are then sent to the Executive Board for pre-review.

The included spreadsheet summarizes the changes made to these Policies and Procedures. See attachments 6.c.1 (page 12), 6.c.2 (page 13), and supplemental packet 6.c.3.

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

AD100	Definitions
AD101	Policy Development and Review
AD104	Credentialing and Recredentialing of Providers
AD105	Customer Service
CA402	Grievance System
CA403	Individual Rights
CL200	Integrated Crisis Services
CL202	Involuntary Treatment Services
CL203	Levels of Care
CL209	Recovery Navigator Program: R.E.A.L. Program
CL210	Behavioral Health Housing Program
CL212	Salish Regional Family Youth System Partner Round Table - FYSPRT
CP301	Compliance and Program Integrity
CP303	Fraud, Waste, and Abuse Compliance Reporting Standards

FI501	Eligibility Verification
FI506	In Network Contract Billing
IS601	Data Use, Security and Confidentiality
IS604	Disaster Recovery and Business Continuity
PS902a	Notice of Privacy Practices
PS906	Breach Notification Requirements
UM801	Utilization Management Requirements
UM802	Notice Requirements
UM803	Authorization for Payment of Psychiatric Inpatient Services
UM805	Crisis Stabilization Services in Crisis Stabilization or Triage Facility
UM809	Access to Residential Substance Use Disorder Treatment Services

Informational Items

A. RURAL HEALTH TRANSFORMATION PROJECT

HCA hosted a kick-off meeting on May 13, 2026 for all ASOs that have been identified to support this work. SBH-ASO is eligible for Jefferson and Clallam Counties. BH-ASOs will work to develop a proposal plan due to HCA by June 19, 2026. The funding obligation starts October 30, 2026.

Behavioral Health Advisory Board Updates

SBH-ASO Advisory Board Chair, Stormy Howell, will provide an update on Advisory Board activities.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD

Friday, March 13, 2026
9:00 a.m. - 11:00 a.m.
Hybrid Meeting
7 Cedars Hotel, Cedar Room

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:02 a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA – Commissioner Mark Ozias

MOTION: Request Commissioner Rolfes moved to approve the agenda as submitted. Commissioner Dudley-Nollette seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Dudley-Nollette moved to approve the meeting notes as submitted for the DATE meeting. Commissioner Rolfes seconded the motion. Motion carried unanimously.

ACTION ITEMS

- **ELECTION OF SBH-ASO EXECUTIVE BOARD CHAIR AND VICE CHAIR**

The SBH-ASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair and Vice-Chair by majority vote. For the past three years, Commissioner Ozias served as Chair. Staff respectfully requests that the Executive Board elect a Chair and Vice-Chair for 2026.

Commissioner Rolfes nominated Commissioner Heather Dudley-Nollette to serve as Chair, seconded by Commissioner Ozias; Commissioner Dudley-Nollette then nominated Commissioner Rolfes to serve as Vice Chair, also seconded by Commissioner Ozias.

MOTION: Commissioner Christine Rolfes moved to approve Commissioner Heather Dudley-Nollette as Chair and Commissioner Christine Rolfes as Vice Chair of the SBH-ASO Executive Board. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

- **REVIEW AND APPROVAL OF THE 2026 SALISH BH-ASO RISK ASSESSMENT**

In accordance with 45 CFR §164.308, the SBH-ASO is required to maintain, review, and update a Risk Assessment. This document provides a process by which the SBH-ASO continually monitors its operations to identify areas of potential risk and opportunities for mitigation. In order to ensure this document is comprehensive, SBH-ASO Staff worked collaboratively to identify areas of risk in

all avenues of its business operations. For the 2025/2026 Risk Assessment, the top 3 identified risks include:

1. Changes to Regional Crisis System as a result of State level (i.e., judicial, legislative, regulatory) changes could inhibit community response to behavioral health crises. Legislative changes necessitating planning and implementation work, and the increase in complexity of service delivery with lack of clarity around organizational responsibilities.
2. Delays in timely issuance of revenue contracts or amendments creating cascading delays in amending subcontracts to include updated terms and issuing payments. Internal contract routing processes causing delays in subcontract execution.
3. Salish BH-ASO workforce recruitment and retention challenges impacting organizational bandwidth.

This document is attached for review, comment, and approval by the Executive Board.

Staff provided an overview of the risk assessment, explaining that the three highlighted risks represent the highest priorities for the 2025–2026 cycle, with risks one and two carried over from the prior year and workforce recruitment and retention newly identified as a top risk.

Discussion around Risk 1 focused on ongoing challenges interpreting and implementing state policy changes across HCA, MCOs, BH ASOs, and providers, and the need for clearer role definitions within the regional crisis system.

Discussion on Risk 2 emphasized that contract delays are a shared issue between delayed contract issuance by HCA and lengthy Kitsap County internal routing processes, with hope that a newly assigned Deputy Prosecutor will help reduce these delays.

Discussion on Risk 3 centered on ongoing workforce recruitment and retention challenges, including salary competitiveness and staff burnout. The Board noted prior conversations with Kitsap County Human Resources and expressed interest in exploring targeted retention strategies for Salish BH-ASO staff.

Concern was raised that cybersecurity and PHI protection are not adequately addressed in the current assessment, given federal requirements and recent cyber incidents. Board members emphasized that the risk assessment should more clearly reflect Kitsap County's role and responsibilities as the administrative entity (including Information Services), be used as a core input to future strategic planning, and explicitly identify cybersecurity as a top risk, particularly the dependence on Kitsap County IS and the need for clearer agreements. Staff noted that HB 1813 readiness reviews by MCOs will include evaluation of Salish BH-ASO's IT and data security capacity.

Kitsap County Human Services Director Doug Washburn will convene a meeting with Kitsap County IS, Salish BH-ASO leadership, and Commissioner Rolfes to clarify cybersecurity roles and responsibilities. SBH-ASO staff will add a new, high-level cybersecurity risk tied to Kitsap County IS to the assessment.

Board approval of the risk assessment was deferred. An updated assessment demonstrating compliance with federal requirements will be presented at a future Executive Board meeting.

INFORMATIONAL ITEMS

- **FISCAL OVERVIEW**

i. Budget

The SBH-ASO Core budget with Washington State Healthcare Authority (HCA) was received on January 12, 2026 for January 1, 2026 to June 30, 2027 funding. There were line items we did not expect specific to endorsed teams funding.

Staff was notified of a change in budget that will remove funding that was erroneously included. Funding has been reworked to continue to meet the approved budget. The Salish BH-ASO Executive Director is reworking budgets due to these changes, pending spending plan and process review.

Discussions with HCA regarding BH-ASO reserves continue. HCA anticipated providing some direction by January 31, 2026. HCA had a significant change in fiscal staff in December that has impacted this timeline. The decision regarding reserves will impact how spending plans are implemented as well as availability of funds for services within available resources.

Discussion focused on unexpected funding changes, the complexity of the updated HCA spending plan process, and the need to adjust internal budgets while awaiting final guidance on reserves.

ii. Spending Plans

Salish BH-ASO Staff has completed a new spending plan to support spending of previously unspent funds. This plan was due to HCA on February 13, 2026. HCA has committed to 30 days to review and provide approval. Approval will then impact the updated budget, to be presented at the April 17, 2026 Executive Board meeting.

Discussion highlighted the semi-annual spending plan process, including use of unspent funds and limited proviso reallocation, the multiple contract streams involved (including the HCA Core contract, HARPS, True Blood, Commerce, and Managed Care contracts), and questions about new crisis facility funding line items and how they may be used regionally. Staff noted the importance of aligning the new spending plan with HCA guidance to preserve local flexibility while utilizing previously unspent funds.

iii. Fiscal Program Update

Salish BH-ASO has implemented a new fiscal program effective January 1, 2026. The first phase of this program assists in our ability to be more agile with fiscal expenditure data. The implemented program component focuses on expenditure tracking by contract, vendor, expenditure type, and fund source.

The revenue tracking component is now being built. The expectation is that SBH-ASO will have a full top to bottom reporting from revenue by source, type, fund, and service. Staff will be able to track budgets and related contracts in real-time and with greater efficiency.

- **LEGISLATIVE UPDATES**

Staff will share updates on bills that are still active and under review.

Staff noted that legislative changes had relatively limited direct impact on ASOs compared to prior years, with the most significant reduction affecting R.E.A.L. Teams funding. The Board requested additional information on Trueblood implementation. Commissioner Rolfes will work with Staff to arrange county-level or regional meetings to review how Trueblood services are operating and coordinated in counties such as Jefferson and Clallam.

- **PROGRAM UPDATES**

I. House Bill 1813 Implementation

House Bill 1813 directs Managed Care Organizations (MCOs) to delegate facility-based crisis stabilization services to ASOs statewide by July 1, 2026. There was discussion in late 2025 regarding feasibility of the timeline and consideration of delaying the timeline. A determination was made that implementation would not be delayed. HCA has taken the lead in coordinating a timeline for ASO and MCO coordination of this body of work. This work includes completion of readiness documents for each MCO by each ASO statewide to implement the delegation of agreed upon items including utilization management. Care Coordination will not be delegated and will remain the responsibility of the MCO.

This implementation requires staff to review and develop additional policies and protocols to support program rollout within the requirements of each MCO. There is limited standardization in the requirements that apply across all five MCOs. Variances across MCOs are being evaluated and accommodated as needed. SBH-ASO has continued to provide facility-based crisis stabilization for non-Medicaid individuals and will build upon existing infrastructure to support this work. Staff is currently evaluating any needed adjustments to meet requirements.

Staff noted the significant administrative workload and short timelines associated with HB 1813 readiness and indicated that delegation of facility-based crisis services to the ASO is expected to strengthen the crisis continuum. Staff will report back at a future meeting on implementation progress and any needed corrective actions.

II. Recovery Navigator Program (R.E.A.L. Teams)

The recovery navigator program has been identified as an area of increased efficiency. The program took a 20 percent reduction in the last legislative session and is anticipated to take an additional 10 percent cut in the current legislative session. SBH-ASO supplements this program with General Fund-State to support the current infrastructure. It has been determined that program efficiencies can be increased by reducing teams to one per county. This will allow for better streamlining without a reduction in the services being provided. The change in structure will increase the size of a single team and streamline the positions to better meet program needs. SBH-ASO released a request for proposals to determine which of the two teams in Kitsap and Clallam will continue with this program. This RFP is only open to existing R.E.A.L. Teams. The contract change will be effective July 1, 2026.

Discussion acknowledged the difficulty of reducing to one team per county despite strong partnerships and emphasized the goal of maintaining service levels while improving efficiency, with staff prepared to manage transition and wind-down needs for teams not selected through the RFP.

III. Youth Summit

Salish BH-ASO will be hosting a Youth Summit April 29 from 12:00 pm – 4:00 pm in Red Cedar Hall, located at the Jamestown S'Klallam Tribal Center. The intent of this event is to engage all stakeholders within the youth-serving space. This may include treatment providers, social service partners, State and local government, and Managed Care Organizations. SBH-ASO hopes to support increased awareness of resources and gaps within the behavioral health spectrum supporting youth and families.

Discussion reflected strong Board support for the Youth Summit and emphasized using feedback from participants to inform regional planning and identify concrete next steps to address youth

and family behavioral health gaps.

- **BEHAVIORAL HEALTH ADVISORY BOARD UPDATES**

  SBH-ASO Advisory Board Chair, Stormy Howell, will provide an update on Advisory Board activities.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- Commissioner Mark Ozias reported on efforts to expand regional inpatient detox capacity, including a recent discussion with Evergreen Services and local partners about creating a braided funding/incentive package, estimating a need of about six beds for Clallam County, and planning ongoing regional conversations and updates.

- Commissioner Kate Dudley Nollette reported that Jefferson County commissioners have been asked by Discovery Behavioral Health Care and Bayside Housing and Services to support and possibly provide property for a therapeutic recovery housing program modeled on Okanogan County's Shove House, which would help address Jefferson County's longstanding lack of recovery housing.

ADJOURNMENT – Consensus for adjournment at 10:44 am.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Doug Washburn, Kitsap Human Services Director	Stormy Howell, SBH-ASO Advisory Board
Commissioner Heather Dudley-Nollette	Jolene Kron, SBH-ASO Executive Director	
Commissioner Christine Rolfes	Ileea Clauson, SBH-ASO Director of Operations	
Celeste Schoenthaler, OCH Executive Director	Belinda Sharp, SBH-ASO Clinical Director	
	Nicole Oberg, SBH-ASO Executive Assistant	
None Excused.		

NOTE: These meeting notes are not verbatim.

Chapter	Number	Title	Description of Updates
Administration	AD100	Definitions	**3/5/2026 REVISION:** 1. Added definitions for Trueblood Class Members.
Administration	AD101	Policy Development and Review	**4/30/2026 REVISION:** 1. Updated language for clarity and contract alignment. 2. Clarified document review/revision guidelines.
Administration	AD104	Credentialing and Recredentialing of Providers	**4/28/2026 REVISION:** 1. Renamed policy to reflect credentialing of organizations not individuals. 2. Incorporated NCQA guidelines. 3. Updated procedure to reflect current practice.
Administration	AD105	Customer Service	**5/1/2026 REVISION:** 1. Added response timeline requirement for response to UM communications recieved after midnight on Monday-Friday. 2. Updated guideline for caller identification when initating or returning calls related to UM issues.
Consumer Affairs	CA402	Grievance System	**4/30/2026 REVISION:** 1. Updated appeal reporting pathways
Consumer Affairs	CA403	Individual Rights	**4/10/2026 REVISION:** 1. Added language related to privacy and reasonable searches.
Clinical	CL200	Integrated Crisis Services	**5/1/2026 REVISION:** 1. Clarified no decline access to crisis services 2. Updated SBH-ASO Crisis Services descriptions to reflect SERI modality distinction 3. Updated requirements for crisis services rendered by peers 4. Updated language for alignment with expanded delegation for Medicaid services
Clinical	CL202	Involuntary Treatment Services	**4/30/2026 REVISION:** 1. Added definition of Assisted Outpatient Treatment. 2. Added language regarding DCR face-to-face reassessment and development of safety plan.
Clinical	CL203	Levels of Care	**5/1/2026 REVISION:** 1. Updated policy purpose language for clarity and to reflect current practice. 2. Added clarifying language around medical necessity decisions.
Clinical	CL209	Recovery Navigator Program: R.E.A.L. Program	**3/19/2026 REVISION:** 1. Updated language and formatting for clarity. 2. Added section related to Program Expectations. 3. Updated reporting requirement language to include critical incident reporting.
Clinical	CL210	Behavioral Health Housing Program	**4/30/2026 REVISION:** 1.Revised language for clarity and to reflect CBRA guidelines and contract language. 2. Added complaint procedure.
Clinical	CL212	Salish Regional Family Youth System Partner Round Table - FYSPRT	**4/10/2026 REVISION:** 1. Updated reimbursement process language. 2. Updated reporting guidlines to reflect FYSPRT Manual and current contract language.
Compliance	CP301	Compliance and Program Integrity	**4/10/2026 REVISION:** 1. Clarified annual training requirements
Compliance	CP303	Fraud, Waste, and Abuse Compliance Reporting Standards	**4/30/2026 REVISION:** 1. Added MCO reporting pathways
Fiscal	FI501	Eligibility Verification	**2/5/2026 REVISION:** 1. Clarified language related to eligibility verification for all individuals receiving SBH-ASO funded services regardless of whether that level of care utilizes the SNAP system. 2. Updated language from contract related to participation in developing protocols for individuals with frequent eligibility changes.
Fiscal	FI506	In Network Contract Billing	**4/10/2026 REVISION:** Created policy.
Information Systems	IS601	Data Use, Security and Confidentiality	**2/19/2026 REVISION:** 1. Updated language to reflect current practice 2. Updated OCIO references
Information Systems	IS604	Disaster Recovery and Business Continuity	**4/10/2026 REVISION:** 1. Added language regarding notification to payors in accordance with regulatory requirements.
Privacy & Security	PS902a	Notice of Privacy Practices	**2/19/2026 REVISION:** 1. Updated Policy in accordance with Final Rule requirements related to Part 2 records 2. Updated SBH-ASO Duties 3. Updated response time related to requests 4. Clarified rights around an accounting of disclosure (which may include TPO disclosures)
Privacy & Security	PS906	Breach Notification Requirements	**4/30/2026 REVISION:** 1. Updated HIPAA breach reporting pathways to include each respective MCO.
Utilization Management	UM801	Utilization Management Requirements	**5/1/2026 REVISION:** 1. Updated to align with current NCQA guidelinesed new section, "Review of Utilization Management Program" 4. Added new section, "Utilization Management Information Integrity" reflecting NCQA UM11 standards. 5. Clarified crisis stabilization admission and continued stay information. 6. Removed prior authorization requirement for intake/assessment services.
Utilization Management	UM802	Notice Requirements	**5/1/2026 REVISION:** 1. Updated expedited authorization request timeline to align with HCA IMC contract requirements 2. Updated authorization extension requirements and requests for additional information 3. Updated to adhere to NCQA standards
Utilization Management	UM803	Authorization for Payment of Psychiatric Inpatient Services	**3/19/2026 REVISION:** 1. Updated to align with current WAC and contract language. 2. Removal of days authorized for initial involuntary psychiatric admission. 3. Updated guidelines for submission of AEM eligibility segment request to HCA.
Utilization Management	UM805	Crisis Stabilization Services in Crisis Stabilization or Triage Facility	**4/30/2026 REVISION:** 1. Updated concurrent stay timeline requirements. 2. Added coordination with MCOs for Medicaid enrollees as appropriate. 3. Revised language for clarity and alignment with contract requirements.
Utilization Management	UM809	Access to Residential Substance Use Disorder Treatment Services	**3/19/2026 REVISION:** 1. Added guidelines for issuance of single-case agreements with non-contracted providers. 2. Updated timeline and requirements for initial authorization request sfor residential elvel of care.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DEFINITIONS **Policy Number**: AD100

Effective Date: 1/1/2020

Revision Dates: 12/16/2020; 4/29/2025; 3/5/2026

Reviewed Date: 4/16/2019; 4/5/2023

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 1/15/2021; 7/17/2025

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 Health (DOH), 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.

Trueblood Class Members – individuals who are in jail and waiting to receive competency evaluation or competency restoration services as ordered by the court. This may include individuals receiving community-based Trueblood 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 Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/01/2020

Revision Dates: 2/5/2020; 6/18/2021; 3/15/2024; 4/30/2026

Reviewed Date: 4/16/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020; 7/30/2021; 6/21/2024

PURPOSE

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

POLICY

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

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

PROCEDURE

Document Development

1. SBH-ASO policies and procedures use a consistent format.
2. SBH-ASO policies and procedures:
    a. Direct and guide SBH-ASO's employees, subcontractors, and any non-contracted providers' compliance with all applicable federal, state, and contractual requirements.
    b. Fully articulate requirements,
    c. Have an effective training plan related to the requirements and maintain records of the number of staff participating in training, including evidence of assessment of participant knowledge and satisfaction with the training.
    d. Include monitoring of compliance, prompt response to detect non-compliance, and effective corrective action.

3. When the need for a policy and procedure is identified, the matter is brought to the Policy and Procedure Committee by the SBH-ASO Executive Director.
4. The SBH-ASO Executive Director will assign the policy to SBH-ASO staff with subject matter expertise. Upon completion, the assigned SBH-ASO staff will provide the Policy and Procedure Committee with the policy.
5. The Policy and Procedure Committee is comprised of SBH-ASO Staff responsible for the development, review, and recommendation of SBH-ASO policies and procedures to the Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Executive Director will forward it to designated staff for upload to the SBH-ASO website.

Document Review/Revision

1. Policies and procedures will be reviewed in compliance with contractual and regulatory requirements and at least biannually.
2. Changes in contractual requirements, delegation agreements and/or state or federal regulations will require a review of policies and procedures.
    a. Corrective action plans imposed by the HCA or Managed Care Organizations (MCO) may require modification of any policies or procedures by the SBH-ASO relating to the fulfillment of its obligations pursuant to its contract with the State
3. All policies that have been reviewed and/or revised are submitted to the Policy and Procedure Committee for review.
4. The Policy and Procedure Committee determines if the changes rise to the substantive level of revision.
5. When reviews do not reveal a need for a revision, the review is documented by entering a review date in the document header.
6. When a review results in the need for revision, the review is documented by entering a revision date in the document header.
7. Revised policies are presented to the SBH-ASO Executive Board for approval.
8. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Executive Director will forward it to designated staff for upload to the SBH-ASO website.

Document Preservation and Distribution

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

records of the staff participating in training, including evidence of assessment of participant knowledge and satisfaction with the training.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/1/2020

Revision Dates: 12/3/2020; 04/03/2023; 02/15/2024; 04/28/2026

Reviewed Date: 4/11/2019; 1/18/2022

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 1/15/2021; 5/19/2023; 6/21/2024

PURPOSE

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

POLICY

1. SBH-ASO collaborates with the Health Care Authority (HCA) to establish uniform provider credentialing policies and procedures to contribute to reducing provider burden.

2. SBH-ASO policies and procedures are compliant with all applicable State requirements which are in accordance with standards defined by the NCQA, related to the credentialing and recredentialing of Health Care Professionals who have signed contracts or participation agreements with the SBH-ASO (Chapter 246-12 WAC). Credentialing processes support administrative simplification efforts such as the OneHealthPort, ProviderSource, the Council for Affordable Quality Healthcare (CAQH), or an HCA-approved equivalent, when applicable.

3. SBH-ASO Credentialing Program operates under the oversight of the Medical Director and Credentialing Committee.

4. The SBHASO Credentialing Committee:
    a. Maintains a heterogeneous membership and requires those responsible for credentialing decisions to sign a Code of Conduct affirming non-discrimination and privacy.

b. Meets quarterly, at minimum, for review of new files and monitoring of active credential entities/Individual practitioners.
c. Reviews all requests for credentialing or recredentialing and provides a written decision within 60 days of the submission of the credentialing application when application is complete upon submission.
d. Provides annual reviews of provider complaints for evidence of alleged discrimination.

PROCEDURE

1. SBH-ASO does not discriminate in the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. If the SBH-ASO declines to include Organizational Providers in its Provider network, it must give the affected Providers written notice of the reason for its decision.

2. The SBH-ASO verifies that all Subcontractors meet the licensure and certification requirements as established by state and federal statute, administrative code, or as directed in the HCA Contract.

3. The SBH-ASO recredentials providers, at minimum every thirty-six (36) months, through information verified from primary sources, unless otherwise indicated.

4. SBH-ASO ensures that information provided in its member materials and provider directories is consistent with information obtained during the credentialing process.

5. All provider files are reviewed to ensure they meet the SBH-ASO credentialing criteria.

    a. In addition to materials submitted as part of an initial application for credentialing, SBH-ASO will perform a review of commonly available databases to identify information that could impact the credentialing process. Any findings will be submitted to the Credentialing Committee to be used as part of the review process.

6. If the provider does not meet the SBH-ASO's requirements for submission as detailed in section 7 below, the file will be presented to the Credentialing Committee. If the Committee concurs that the submission is not meeting criteria or is incomplete, the provider is notified of the issue(s) within 30 days and given 30 days from that notice to provide information to address the issue(s). If not received within this time frame, the Credentialing Application will be denied.

7. If the SBH-ASO Credentialing Committee has determined that the provider has met the minimum requirements for participation, the file is then deemed “clean” and can be approved by the Credentialing Committee and signed by the Medical Director or his/her designee.

8. The SBH-ASO Credentialing Program requires submission of the following source documents for review:

    a. SBH-ASO Credentialing/Recredentialing Application documenting the agency business and clinical structure.
        i. The application verifies provider type.
        ii. Includes National Plan Identifiers (NPI) numbers for each site
        iii. The application includes an attestation signed by a duly authorized representative of the facility.
    b. Copy of current valid license for all services to be credentialed. This includes a list of all satellite sites including license numbers for each site.
    c. Evidence of good standing as evidenced by:
        i. Documentation of accreditation by one or more of the following:
            1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
            2. Commission on Accreditation of Rehabilitation Facilities (CARF)
            3. Council on Accreditation (COA)
            4. Community Health Accreditation Program (CHAP)
            5. American Association for Ambulatory Health Care (AAAHC)
            6. Critical Access Hospitals (CAH)
            7. Healthcare Facilities Accreditation Program (HFAP, through AOA)
            8. National Integrated Accreditation for Healthcare Organizations (NIAHO, through DNV Healthcare)
            9. ACHC (Accreditation Commissions for Healthcare) and/or American Osteopathic Association (AOA)
            10. American Association of Suicidology (AAS)
            11. A CLIA (Clinical Laboratory Improvement Amendments) Waiver as outlined by the Centers for Medicare & Medicaid Services (CMS).
            12. Other appropriate accrediting bodies as identified by the Salish BH-ASO

                OR

                a. Documentation of Centers for Medicare & Medicaid Services (CMS) or the Department of Health (DOH) review/recertification within the past 36 months.

Documentation must include the full review, outcomes, corrective action plans, and approved completion of corrective actions.

OR

b. SBH-ASO will conduct a Facility Site Survey/Audit to determine the quality of programming, types of staff providing service, staff competencies, quality of treatment record documentation, and physical environment to ensure access, and safety.

d. Copies of professional and general liability insurance (malpractice) of $2 million/occurrence and $4 million/aggregate for acute care settings and $2 million/occurrence and $4 million/aggregate for non-acute care settings.
   i. Acute care is defined as any facility duly licensed and offering inpatient mental health and/or substance use disorder health care services.
   ii. SBH-ASO does accept umbrella policy amounts to supplement professional liability insurance coverage.
   iii. If the provider does not meet liability coverage requirements, it must be reviewed by the SBH-ASO Credentialing Committee to be considered for network participation.

e. Attestation that the Organization credentials its practitioners including utilizing the Washington Provider Application (WPA) to register staff, including the NPI, with ProviderOne.

f. Attestation that the Organization does not employ or contract with practitioners excluded from participation in federal health care programs under federal law as verified through List of Excluded Individuals and Entities (LEIE).

   i. SBH-ASO staff conducts primary source verification for decision making individuals listed on DOO from the following sources to include in the completed credentialing file reviewed by the Committee:

      I. Exclusion on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) query.

      II. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) query.

III. Verification of the National Plan Identifier (NPI) on the National Plan & provider Enumeration System (NPPES).

IV. Verification of Washington State Medicaid Exclusions lists.

9. The SBH-ASO communicates to the provider any findings that differ from the provider's submitted materials to include communication of the provider's rights to:
    a. Review materials.
    b. Correct incorrect or erroneous information.
    c. Be informed of their credentialing status.
    d. Appeal a decision in writing within 60 days from the date the decision is communicated.

10. Provisional credentialing protocol:
    a. The provider may not be held in a provisional status for more than sixty (60) calendar days; and
    b. The provisional status will only be granted one time and only for providers applying for credentialing the first time.
    c. Provisional credentialing shall include an assessment of:
        i. Primary source verification of a current, valid license to practice;
        ii. Primary source verification of the past five (5) years of malpractice claims or settlements from the malpractice carrier or the results of the National Practitioner Databank query if indicated; and
        iii. A current signed application with attestation.

11. SBH-ASO notifies providers within fifteen (15) calendar days of the Credentialing Committee's decision.

12. Providers may appeal, in writing, for quality reasons, and reporting of quality issues to the appropriate authority in accordance with the HCA's Program Integrity requirements.

13. Credentialing Information Integrity

    a. SBH-ASO ensures confidentiality of all credentialing documents and decisions.

        i. SBH-ASO Credentialing Lead is responsible for the solicitation, initial review, and compilation of credentialing documents presented to the SBH-ASO Credentialing Committee.

ii. Information obtained from the applicant is reviewed for completeness and accuracy and is not modified.
    i. At each credentialing cycle, including recredentialing, Providers submit a complete credentialing packet. These documents include all relevant updated information.

    ii. If necessary information submitted by applicant is incomplete or inaccurate, the Credentialing Lead will request corrections from the applicant. All required corrections necessary to process applications are completed by the applicant.

    iii. Once the review is complete the Credentialing Lead affixes the date of review and signature. No additional modifications are made to credentialing information including, but not limited to, the following inappropriate documentation updates:

        a. Falsifying credentialing dates (e.g., licensure date, credentialing decision date, staff verifier date)
        b. Creating documents without performing the required activities (e.g., photocopying a prior credential and updating information as a new credential)
        c. Fraudulently altering existing documents (e.g., credentialing minutes, clean-file reports, ongoing monitoring reports)
        d. Attributing verification or review to an individual who did not perform the activity
        e. Updates to information by unauthorized individuals

iii. All credentialing documents are stored electronically or in a locked cabinet.
    i. Electronic documents are stored within a centralized document center library. Access to the library is restricted and role-based, with permissions granted only to designated staff whose responsibilities require access.

iv. Shared documents redact sensitive information as appropriate.

b. SBH-ASO trains credentialing staff annually on inappropriate documentation and updates to credentialing information. The training informs the credentialing staff of the following:
    i. That the staff will be audited on the documentation and updates to the credentialing files

ii. The process for documenting and reporting inappropriate documentation and updates to the Credentialing Committee.
iii. The consequences of inappropriate documentation updates
iv. Documentation will be recorded in employee personnel files

10. SBH-ASO Executive Director or their designee, under the supervision of the Medical Director, will audit Credentialing documentation and updates on an annual basis:

    a. Audit is to include a random sample of 5% of files for all initial or recredentialing decisions made during the 12-month look back period.
        i. At a minimum, the sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 organizations were credentialed or recredentialed since the last annual audit, SBH-ASO audits the universe of files rather than a sample.
    b. The review will include evaluating the effectiveness of any corrective actions on findings three to six months after the completion of the annual audit.
    c. If any inappropriate documentation and/or updates are found, they will be reported to SBH-ASO Leadership Team and Credentialing Committee immediately.
    d. Consequences for inappropriate documentation and/or updates will be decided by the Credentialing Committee.

11. Designated Crisis Responder (DCR) Requirements:

    a. All candidates for DCR designation will complete the SBH-ASO DCR Designation Request form.
    b. Individuals seeking DCR designation provide the following documentation for review:
        i. Attestation that the individual meets experience criteria in RCW 71.05.
        ii. Active WA License, Qualifying Degree, or MHP designation documents
        iii. Copy of DCR bootcamp certificate (to include 2-day SUD training certificate if completed prior to January 1, 2020) or verification of completion of DCR bootcamp within six months
        iv. Safety Training documentation within the past 12 months
        v. Professional Ethics training documentation within the past 12 months.
        vi. Suicide Prevention training documentation within the past 12 months.
        vii. Any additional supporting documentation to support the application.

viii. Any additional supporting documentation requested during the designation process.

c. SBH-ASO staff provides designation to all DCRs within the Salish Region under the authority of the SBH-ASO Interlocal Agreement.
   i. SBH-ASO reviews all documentation submitted in the DCR Designation Request process.
   ii. SBH-ASO verifies eligibility based on information provided.
   iii. Each designee and the affiliated agency will receive a written letter of designation upon completion of document review which will occur within 15 calendar days.
      a. Absence of qualifications will result in written notification of denial of designation.
   iv. SBH-ASO DCR designation will be reported to its Credentialing Committee.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CUSTOMER SERVICE **Policy Number:** AD105

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PURPOSE

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

POLICY

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

PROCEDURE

1. Customer Service:
   A. The SBH-ASO provides a single toll-free number for Individuals to call regarding services, at its expense, which is a separate and distinct number from the SBH-ASO's Toll-Free Regional Crisis Line telephone number. SBH-ASO also provides a local telephone number within the local calling range for customer service issues.

   B. The SBH-ASO provides adequate staff to provide customer service representation at a minimum from 8:00 a.m. to 5:00 p.m. Pacific Time, or alternative hours as agreed to by HCA, Monday through Friday, year-round and shall provide customer service on all dates recognized as workdays for state employees.
      - SBH-ASO shall report to HCA by December 1 of each year its scheduled non-business days for the upcoming calendar year.
      - SBH-ASO will notify HCA five (5) business days in advance of any non-scheduled closure during scheduled business days, except in the

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

C. SBH-ASO assures that interpreter services are provided for Individuals with a preferred language other than English, free of charge. This includes the provision of interpreters for Individuals who are deaf or hearing impaired, including American Sign Language (ASL), and TDD/TTY services.

D. SBH-ASO respectfully responds to individuals, family members, and stakeholders in a manner that resolves their inquiry politely, promptly, and with helpful attention.

2. SBH-ASO staffs its customer service line with a sufficient number of trained clinical customer service representatives to answer the phones

A. SBH-ASO Staff are available at least eight hours a day during normal business hours for inbound calls regarding Utilization Management (UM) issues.

B. Staff have the ability to receive inbound communication regarding UM after normal business hours.

C. Staff are identified by name, title and organization when initiating or returning calls regarding UM issues.

i. Communications received after normal business hours are returned on the next business day.

ii. Communications received after midnight on Monday–Friday are responded to on the same business day.

3. SBH-ASO customer service staff have access to and are trained in the following:

A. Access to information regarding eligibility requirements and benefits;

B. Information on GFS/FBG services;

C. How to refer for behavioral health services;

D. How to resolve Grievances and triage Appeals.

E. Information on Contracted Services including where and how to access them;

F. Authorization requirements;

G. Requirements for responding promptly to family members and supporting links to other service systems such as Medicaid services administered by the MCO, First Responders, criminal justice system, and social services.

4. SBH-ASO provides individuals in crisis with access to qualified clinicians without placing the Individual on hold.

5. SBH-ASO customer service clinicians shall assess any crisis and warm transfer the call to the Salish Regional Crisis Line for referral to Designated Crisis Responder (DCR), call 911, refer the Individual for services or to his or her provider, or resolve the request or crisis, based on identified need.

6. All calls (incoming/outgoing/VM) are documented in the SBH-ASO Contact Log. The SBH-ASO Contact Log documentation includes, at a minimum, the initial call information (including the caller's name and contact information) reason for of call, and date of attempted resolution. Contact Log reports may be provided to the Health Care Authority for review upon request.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: GRIEVANCE AND APPEAL SYSTEM **Policy Number:** CA402

Effective Date: 1/1/2020

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Executive Board Approval Dates: 11/1/2019; 11/20/2020

PURPOSE

To describe the Salish Behavioral Health Administrative Service Organization's (SBH-ASO) Grievance and Appeal System which includes the Grievance Process, Appeal Process, and access to the Administrative Hearing Process for contracted services.

DEFINITIONS

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

Administrative Hearing (or Fair Hearing) means an adjudicative proceeding before an Administrative Law Judge or a Presiding Officer that is governed by RCW Chapter 34.05 or the Agency's hearing rules found in WAC Chapter 182-526 and other applicable laws.

Appeal means a request for review of an Action.

Appeal Process means SBH-ASO's procedures for reviewing an Action.

Expedited appeal process Means a review process for Appeals when SBH-ASO determines or a provider indicates that taking the time for a standard resolution could seriously jeopardize the Individual's life or health or ability to attain, maintain, or regain maximum function.

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

remedial action is requested. Grievance includes an Individual's right to dispute an extension of time proposed by SBH-ASO to make an authorization decision.

Grievance and Appeal System means the overall system that includes Grievances and Appeals handled by SBH-ASO and access to the Administrative Hearing system.

Grievance Process means the procedure for addressing Individuals' Grievances (42 C.F.R. § 438.400(b)).

POLICY

SBH-ASO has a Grievance and Appeal System that includes a Grievance Process, an Appeal Process, and access to the Administrative Hearing Process for contracted services (WAC 182-538C-110).

SBH-ASO is responsible for accepting, responding to, and resolving non-Medicaid grievances related to the scope of work SBH-ASO is contracted with the HCA to perform.

PROCEDURE

General Grievance System Requirements

1. SBH-ASO maintains policies and procedures addressing the Grievance system, which comply with the requirements per Health Care Authority (HCA) BH-ASO contract.
    a. SBH-ASO seeks approval in writing for all Grievance and Appeal System policies, procedures, and related notices to Individuals from HCA.
2. SBH-ASO, and SBH-ASO Providers, provide Individuals any reasonable assistance necessary in completing forms and other procedural steps for Grievances and Appeals and provide information about the availability of Office of Behavioral Health Advocacy services to assist the Individual.
    a. Individuals may use the free behavioral health Behavioral Health Advocacy services. Behavioral Health Advocacy services are offered and provided independent of SBH-ASO and are offered to Individuals at any time to help them with resolving issues or problems at the lowest possible level during the Grievance, Appeal, or Administrative Hearing processes.
3. SBH-ASO shall assure that interpreter services are provided for Individuals with a preferred language other than English or for Individuals who are deaf or hearing impaired at no cost to the Individual; this includes translation/interpreting services (including American Sign Language (ASL)) and TTY/TTD and/or Washington Relay Services all free of charge.
4. The SBH-ASO ensures adequate staffing to perform the Grievances and Appeals processes. Staffing adequacy will be monitored through Quality Assurance and Compliance Committee.
5. SBH-ASO staffs a sufficient number of trained customer service representatives able to access information and resolve Grievances and triage Appeals.

6. SBH-ASO provides the following information regarding the Grievance system for GFS/FBG funded Contracted Services to all Subcontractors, including:
    a. The toll-free numbers to file oral Grievances and Appeals.
    b. The availability of assistance in filing a Grievance or Appeal.
    c. The Individual's right to file Grievances and Appeals and their requirements and timeframes for filing.
    d. The Individual's right to an Administrative Hearing, how to obtain an Administrative Hearing; and representation rules at an Administrative Hearing.
7. SBH-ASO ensures through ongoing Staff training that conflict and Grievance resolution processes are culturally and linguistically appropriate.
8. SBH-ASO will acknowledge receipt of each Grievance, either orally or in writing, within two (2) business days.
9. SBH-ASO will acknowledge in writing, the receipt of each Appeal. SBH-ASO will provide the written notice to both the Individual and requesting provider within three (3) calendar days of receipt of the Appeal.
10. SBH-ASO will ensure that decision makers on Grievances and Appeals were not involved in previous levels of review or decision-making.
11. Decisions regarding Grievances and Appeals shall be made by Health Care Professionals with clinical expertise in treating the Individual's condition or disease if any of the following apply:

    a. If the Individual is appealing an action.
    b. If the Grievance or Appeal involves any clinical issues.

12. SBH-ASO will ensure the Health Care Professional making decisions regarding Grievances and Appeals:
    a. Has clinical expertise in treating the Individual's condition or disease that is age appropriate (e.g., a board-certified Child and Adolescent Psychiatrist for a child Individual).
    b. A physician board-certified or board-eligible in Psychiatry or Child or Adolescent Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for psychiatric treatment.
    c. A physician board-certified or board-eligible in Addiction Medicine or a Sub-specialty in Addiction Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for SUD treatment.
    d. Are one or more of the following, as appropriate, if a clinical Grievance or Appeal is not related to inpatient level of care denials for psychiatric or SUD treatment (ASAM 3.7):
        i. Physicians board-certified or board-eligible in Psychiatry, Addiction Medicine, or Addiction Psychiatry;
        ii. Licensed, doctoral level clinical psychologists; or
        iii. Pharmacists.

Grievance Process

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

1. Only an Individual or the Individual's authorized representative may file a grievance with SBH-ASO.
    a. A provider may not file a Grievance on behalf of an Individual unless the provider is acting on behalf of the Individual and with the Individual's written consent.

2. SBH-ASO will request the Individual's written consent should a provider request an Appeal on behalf of an Individual without the Individual's written consent
3. SBH-ASO will accept, document, record, and process Grievances forwarded by HCA.
4. SBH-ASO will provide a written response to HCA within three (3) business days to any constituent Grievance. For the purpose of this subsection, "constituent Grievance" means a complaint or request for information from any elected official or agency director or designee.
5. SBH-ASO will assist the Individual with all Grievance and Appeal processes and provide information about the availability of Behavioral Health Advocacy services to assist the Individual.
6. SBH-ASO will cooperate with any representative authorized in writing by the Individual.
7. SBH-ASO will consider all information submitted by the Individual or authorized representative.
8. SBH-ASO will investigate and resolve all Grievances whether received orally or in writing. SBH-ASO will not require an Individual or his/her authorized representative to provide written follow up for a Grievance or Appeal SBH-ASO received orally.
9. SBH-ASO will complete the disposition of a Grievance and notice to the affected parties as expeditiously as the Individual's health condition requires, but no later than 45 calendar days from receipt of the Grievance.
10. The notification may be made orally or in writing for Grievances not involving clinical issues. Notices of disposition for clinical issues must be in writing.
11. Individuals do not have the right to an Administrative Hearing regarding the disposition of a Grievance.

Appeal Process

1. SBH-ASO has a sufficient number of behavioral health clinical peer reviewers available to conduct Appeal reviews or to provide clinical consultation on complex cases, treatment plan issues, and other treatment needs. Clinical peer reviewers may be subcontracted and can be located outside of Washington State but shall be subject to the same supervisory oversight and quality monitoring as staff located in Washington State.
2. An Individual, the Individual's authorized representative, or a provider acting on behalf of the Individual and with the Individual's written consent, may Appeal an Action.

    a. If a provider has requested an Appeal on behalf of an Individual, but without the Individual's written consent, SBH-ASO will not dismiss the Appeal without first attempting to contact the Individual within five (5)

calendar days of the provider's request, informing the Individual that an appeal has been made on the Individual's behalf, and then asking if the Individual would like to continue the Appeal.

If the Individual wants to continue the Appeal, SBH-ASO will obtain from the Individual a written consent for the Appeal. If the Individual does not want to continue the Appeal, SBH-ASO will formally dismiss the Appeal, in writing, with appropriate Individual Appeal rights and by delivering a copy of the dismissal to the provider as well as the Individual.

b. For expedited Appeals, SBH-ASO may bypass the requirement for the Individual's written consent and obtain the Individual's oral consent. The Individual's oral consent shall be documented in SBH-ASO's records.

3. If HCA receives a request to Appeal an Action of SBH-ASO, HCA will forward relevant information to SBH-ASO and SBH-ASO will contact the Individual with information that a provider filed an appeal.
4. For Appeals of standard service authorization decisions, an Individual, or a provider acting on behalf of the Individual, must file an Appeal, either orally or in writing, within 60 calendar days of the date on SBH-ASO's Notice of Action. This also applies to an Individual's request for an expedited Appeal.
5. Oral inquiries seeking to Appeal an Action shall be treated as Appeals, and be confirmed in writing, unless the Individual or provider requests an expedited resolution. The appeal acknowledgement letter sent by SBH-ASO to an Individual shall serve as written confirmation of an Appeal filed orally by an Individual.
6. The Appeal process shall provide the Individual a reasonable opportunity to present evidence, and allegations of fact or law in writing. SBH-ASO will inform the Individual of the limited time available for this in the case of expedited resolution.
7. The Appeal process provides the Individual and the Individual's representative opportunity, before and during the Appeals process, to examine the Individual's case file, including medical records, and any other documents and records considered during the Appeal process.
8. The Appeal process includes as parties to the Appeal, the Individual and the Individual's representative, or the legal representative of the deceased Individual's estate.
9. In any Appeal of an Action by a Subcontractor, SBH-ASO or its Subcontractor applies SBH-ASO's own clinical practice guidelines, standards, protocols, or other criteria that pertain to authorizing specific services.
10. SBH-ASO resolves each Appeal and provides notice, as expeditiously as the Individual's health condition requires, within the following timeframes:

    a. For standard resolution of Appeals, and for Appeals for termination, suspension or reduction of previously authorized services a decision must be made within 14 calendar days after receipt of the Appeal, unless SBH-ASO notifies the Individual that an extension is necessary to complete the Appeal; however, the extension cannot delay the decision beyond 28 calendar days of the request for Appeal.

b. For any extension not requested by an Individual, SBH-ASO must give the Individual written notice of the reason for the delay.
c. For expedited resolution of Appeals or Appeals of behavioral health drug authorization decisions, including notice to the affected parties, no longer than three (3) calendar days after SBH-ASO receives the Appeal.

11. SBH-ASO will provide notice of resolution of the Appeal in a language and format which is easily understood by the Individual. The notice of the resolution of the Appeal shall:

    a. Be in writing and sent to the Individual and the requesting provider. For notice of an expedited resolution, SBH-ASO will also make reasonable efforts to provide oral notice.
    b. Include the date completed and reasons for the determination.
    c. Include a written statement of the reasons for the decision, including how the requesting provider or Individual may obtain the review or decision-making criteria.
    d. For Appeals not resolved wholly in favor of the Individual:
        i. Include information on the Individual's right to request an Administrative Hearing and how to do so.

Expedited Appeals Process

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

Administrative Hearing

1. Only the Individual or the Individual's authorized representative may request an Administrative Hearing. A provider may not request an Administrative Hearing on

behalf of an Individual.

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

Petition for Review

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

Effect of Reversed Resolutions of Appeals and Administrative Hearings

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

Recording and Reporting Grievances, Adverse Authorization Determinations, and Appeals

SBH-ASO maintains records of all Grievances, Adverse Authorization Determinations including Actions, and Appeals.

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

1. The records include Grievances, Adverse Authorization Determinations including Actions, and Appeals handled by delegated entities, and all documents generated or obtained by SBH-ASO in the course of these activities.

2. SBH-ASO will provide separate reports to HCA, quarterly using the *Grievance, Adverse Authorization Determination, Appeals, and Administrative Hearings* reporting template. The reports are due: January 15 (October through December); April 15 (January through March); July 15 (April through June); and October (July through September).
3. SBH-ASO is responsible for maintenance of records for and reporting of these activities handled by delegated entities.
4. Reports that do not meet the Grievance and Appeal System reporting requirements shall be returned to SBH-ASO for correction. Corrected reports will be resubmitted to HCA within 30 calendar days.
5. The report medium shall be specified by HCA.
6. Reporting of Grievances shall include all expressions of Individual dissatisfaction not related to an Action. All Grievances are to be recorded and counted whether the Grievance is remedied by the Contractor immediately or through its Grievance and quality of care service procedures.

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

After termination of its contract with the HCA, the SBH-ASO will remain obligated to provide the administrative services associated with Individual Appeals provided to Individuals prior to the effective date of termination under the terms of the prior contract.

Grievance & Appeal Process for Medicaid Enrollees

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

Upon the MCO's request, SBH-ASO will provide all reasonable assistance to the MCO in its investigation and resolution of a Medicaid Grievance or Appeal. The MCO will be responsible for providing the notice of the resolution of a Medicaid Grievance or Appeal to the affected member or provider.

Grievance and Appeal System Monitoring
SBH-ASO monitors its adherence to this Policy. Any discrepancies identified (e.g., deviance from expected timelines, Behavioral Health Advocate input, or HCA feedback) will be addressed by the Quality Assurance and Compliance Committee.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL RIGHTS AND PROTECTIONS **Policy Number:** CA403

Effective Date: 1/1/2020

Revision Dates: 9/25/2020; 4/23/2024; 4/10/2026

Reviewed Date:

Executive Board Approval Dates: 11/1/2019; 11/20/2020; 6/21/2024

PURPOSE

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

POLICY

SBH-ASO and its subcontractors shall comply with any applicable State and Federal laws that pertain to Individuals' rights and protections and ensure that its staff protect and promote those rights when furnishing services to Individuals. Subcontractors are responsible for ensuring each Individual requesting/receiving a service is informed of their rights.

PROCEDURE

General Requirements

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

1. To information regarding the Individual's behavioral health status.
2. To receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner.
3. To receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).
4. To participate in decisions regarding his or her behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions.

5. To be treated with respect and with due consideration for his or her dignity and privacy.
6. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
7. To request and receive a copy of his or her medical records, as specified in 45 C.F.R. Part 164, to review the clinical record in the presence of the administrator or designee, and to request that the record be amended or corrected.
8. To be free to exercise his or her rights and to ensure that doing so does not adversely affect the way the Contractor treats the Individual.
9. To receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. To practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
11. To be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. To be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or address the risk of harm to the individual of others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is a reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others
13. To be free of any sexual harassment;
14. To be free of exploitation, including physical and financial exploitation;
15. To have all clinical and personal information treated in accord with state and federal confidentiality regulations;
16. To participate in the development of your individual service plan and receive a copy of the plan if desired;
17. To make a mental health advanced directive consistent with chapter 71.32 RCW;
18. To receive a copy of agency grievance system procedures according to WAC Chapter 182-538C-110 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if the individual believes their rights have been violated; and
19. To submit a report to the Department of Health when the individual feels the agency has violated their rights ora WAC requirement regulating behavioral health agencies.

In addition to the rights above, Individuals receiving involuntary treatment services have the following rights:

20. The right to individualized care and adequate treatment;
21. The right to discuss treatment plans and decisions with professional persons;

22. The right to access treatment by spiritual means through prayer in accordance with tenets and practices of a church or religious denomination *in addition to medical treatment*

Subcontractor Requirements

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

Each subcontractor licensed to provide any behavioral health service must develop a statement of Individual participant rights applicable to the service categories the agency is licensed for, to ensure an Individual's rights are protected in compliance with RCW 71.05, 71.12, and 71.34. In addition, the subcontractor must either utilize the SBH-ASO "Individual Rights Statement" or develop a general statement of Individual rights that incorporates, at a minimum, the rights outlined in the General Requirements section of this Policy.

Subcontractors are responsible for ensuring the SBH-ASO Individual Rights, or equivalent, are offered to each person at the initial intake/assessment or first face-to-face crisis contact. Subcontractors are responsible for ensuring a copy of the Individual Rights document is signed by the Individual at the first outpatient appointment documenting that the rights are understood and accepted. The signed Individual Rights document will be maintained in the Individual's clinical record. Subcontractors shall document in the clinical record if the individual chooses not to sign the Individual Rights document. Subcontractors are expected to review the rights with the individual as frequently as necessary.

Subcontractors will prominently post the current Individual Rights in each location where an individual receives services.

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

Each subcontractor must ensure that the current Individual Rights described in this policy are available in alternative formats acceptable to the individual and translated to the most commonly used languages in the subcontractor's service area.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INTEGRATED CRISIS SYSTEM **Policy Number:** CL200

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PURPOSE

To outline the Salish Behavioral Health Administrative Services Organization (SBH-ASO) 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 situations. SBH-ASO does not deny access to crisis services.

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 Designated Crisis Responder (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:

a. Crisis Hotline Services which include evaluation, assessment, clinical intervention and referral for mobile crisis response services. Crisis hotline services are provided by the Salish Regional Crisis Line.

b. Crisis Intervention Services which include evaluation, assessment, and clinical intervention. Services do not have to be provided in person, or face-to-face. Services may include coordination/referral efforts with health, social, and other services and supports as needed.

c. Crisis Peer Support Services which may include support to individuals as a follow-up to crisis intervention service(s) and as a second responder in an initial crisis intervention service.

d. Crisis Stabilization Services which include short-term face-to-face assistance with life skills training and understanding of medication effects and follow-up services. Crisis Stabilization Services can be provided in either of the following settings:
   i. In-home/home like setting: Services are provided in the person's own home, or another home-like setting that provides safety for the individual experiencing a behavioral health crisis.
   ii. Facility-based setting: Services are provided by a facility licensed by the Department of Health as a residential treatment facility.

e. 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.

f. 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. This is an involuntary treatment which does not require authorization.

g. 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.

h. 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.

i. 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 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 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 and crisis outreach services are provided in accordance with WAC 246-341.

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.

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.

    b. Crisis peer support services are be provided in accordance with WAC 246-341. Including but not limited to:
        i. Ensuring that a peer counselor responding to an initial crisis visit is accompanied by a mental health professional or individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis.
        ii. Crisis subcontractors have policies and procedures for determining when peers may provide follow-up crisis outreach services without being accompanied by a mental health professional or individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis.

    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. Standard 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. Endorsed Mobile Crisis Outreach teams will staff, respond to, and provide services in accordance with WAC 182-140.

4. 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.

5. SBH-ASO Crisis subcontractors have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.

6. 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.

7. 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 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 Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name:	INVOLUNTARY TREATMENT ACT SERVICES	**Policy Number:**	CL202

Effective Date: 1/1/2020

Revision Dates: 11/2/2021; 4/30/2026

Reviewed Date: 4/16/2019; 2/3/2021;4/24/2023; 4/29/2025

Executive Board Approval Dates: 5/17/2019; 3/18/2022

PURPOSE

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

DEFINITIONS

Involuntary Treatment Act (ITA) - "Involuntary Treatment Act (ITA)" are state laws that allow for individuals to be committed by court order to a Facility for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of individuals with a behavioral health disorder and who Washington State may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to one hundred and 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 (RCW 71.05 and RCW 71.34).

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

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

Assisted Outpatient Treatment - Assisted outpatient treatment (AOT) is an involuntary process included in Washington's Involuntary Treatment Act (ITA). AOT uses a court order to provide behavioral health treatment to adults with severe mental illness or substance use disorder. AOT is a community-based behavioral health treatment that is available under civil court commitment.

POLICY

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

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

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

PROCEDURE

1. SBH-ASO maintains agreements with Crisis Service Providers in Clallam, Jefferson, and Kitsap Counties to provide services in accordance with the designation noted above.

2. SBH-ASO Crisis Services Providers shall have a sufficient number of staff available twenty-four (24) hours a day, seven (7) days a week, 365 days a year, and sufficient DCRs to respond to requests for behavioral health involuntary treatment services. Crisis staff shall have training in triage and management for individuals of all ages and behavioral health conditions, including SMI, SED, SUDs, and co-occurring disorders.

3. All ITA Services shall be provided by a Designated Crisis Responder (DCR). Crisis Service Providers shall ensure there will be at least one DCR available twenty-four hours a day, seven days a week, three hundred and sixty-five days a year.

4. DCRs performing these duties will have the qualifications and training required to perform these duties.

5. ITA services will be provided in accordance with WAC 246-341-0810. ITA services includes all services and administrative functions required for the evaluation of involuntary detention or involuntary treatment of Individuals in accordance with RCW 71.05, RCW 71.34, and RCW 71.24.300. Requirements include payment for:

    a. All treatment services ordered by the court for individuals ineligible for Medicaid
    b. ITA Court Costs
    c. Transportation to and from court hearings.

6. 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 inpatient or outpatient.

7. ITA decision-making authority of the DCR shall be independent of SBH-ASO.

8. Under no circumstances shall SBH-ASO Providers deny the provision of Crisis Services, ITA services, or SUD involuntary commitment services to an Individual due to the Individual's ability to pay.

9. SBH-ASO Providers shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
10. SBH-ASO Providers shall maintain policies and procedures for crisis and ITA services that implement the following requirements:

    a. No DCR or crisis worker is 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 determines 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 behavioral 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. Have a plan to provide training, mental health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.

f. Every DCR dispatched on a crisis visit has prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response.

g. SBH-ASO Providers provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.

11. SBH-ASO Crisis Service Providers document calls, services, and outcomes in accordance with record content and documentation requirements in WAC 246-341-0670.

12. SBH-ASO Providers monitor Individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements.

    a. Additional information about LR monitoring requirements and LR treatment services can be found in the SBH-ASO LR/CR Monitoring and Treatment Services Policy

13. For individuals involuntarily committed under RCW 71.05 or 71.34, inpatient psychiatric facilities and secure withdrawal management facilities are required to provide notice of discharge and copies of CRs/LROs/AOTs to the DCR office responsible for the detention and the DCR office in the county where the individual is expected to reside. This notification is required to occur as soon as possible and no later than one (1) business day after the individual's discharge from the inpatient psychiatric facility. The DCR team will coordinate care with the individual's LRA Treatment Provider as soon as they are made aware of the CR/LRO/AOT on the individual.

14. Crisis service providers shall ensure that their DCRs make a report to HCA and SBH-ASO when they determine a person meets detention criteria under RCW 71.05150, 71.05.153, 71.34.700 or 71.34.710 and there are not any beds available at any evaluation and treatment facility, the person has not been provisionally accepted for admission by a facility, and the person cannot be served on a single bed certification or less restrictive alternative.

    The DCR is responsible for submitting an Unavailable Detention Facility Report (No Bed Report) within twenty-four (24) hours if, based on an evaluation of a person they find meets the criteria for detention for involuntary treatment but are unable to detain the person due to a lack of an involuntary bed.

When a DCR submits an Unavailable Detention Facility Report to the HCA and SBH-ASO, the crisis services provider agency will, regardless of the location, re-evaluate the individual face-to-face on a daily basis to determine if they continue to meet criteria for detention, or if a less restrictive alternative is appropriate. If criteria for detention continues to be met, the DCR shall seek an involuntary bed.

a. Each day that the person continues to meet criteria for detention and the DCR office is unable to find an involuntary treatment bed, an Unavailable Detention Facility Report will be submitted. The DCR works to develop a safety plan to help the individual meet their health and safety needs, which includes the DCR continuing to search for an involuntary treatment bed or appropriate less restrictive treatment alternative to meet the Individual's current need.
b. Crisis providers and SBH-ASO must attempt to engage the person in appropriate services for which the person is eligible and report back within seven (7) days to the HCA.
    a. The report, generated by SBH-ASO, must include a description of all attempts to engage the individual, any plans made with the individual to receive treatment, and all plans to contact the individual on future dates about the treatment plan from this encounter.
c. Crisis providers and SBH-ASO will coordinate with MCOs as needed for Medicaid enrollees.
d. If needed, Crisis Providers may contact individual's insurance providers or treatment providers to ensure services are provided.

15. Upon request, SBH-ASO will assist and designate at least one person from each Tribe with the Salish RSA, as a Tribal DCR. This designation shall be in accordance with RCW 71.05.020, 71.24.025 and 71.34.020.
    a. SBH-ASO shall enable, within HIPAA and 42 CFR Part 2 privacy guidelines, any Tribal DCR, whether designated by SBH-ASO or by HCA, to shadow with and receive on-the-job training and technical assistance from a DCR employed by a SBH-ASO Contracted Crisis Provider.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: LEVELS OF CARE

Policy Number: CL203

Effective Date: 1/1/2020

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Executive Board Approval Dates: 11/1/2019; 1/15/2021; 3/18/2022; 7/17/2025

PURPOSE

To define the criteria and processes for determining medical necessity for mental health and substance use disorder services, at the level of care requested, and the process 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. Medical necessity decisions are based on evaluation of the clinical documentation supplied by the provider. 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 (PACT) 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 <u>not</u> 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.
     - 2.2.1. **AND** there is a verified (and documented) failure of treatment at a lesser level of care, or a psychiatrist (or designee), or crisis team/Designated Crisis Responder (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.

2.2.2. **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)

2.3. 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 allowing continued treatment to safely occur at a lower level of care.

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 by trained staff 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, or the treatment plan has been appropriately modified to address the lack of progress.

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 Least Restrictive/Conditional Release/Assisted Outpatient Treatment (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, Folestein 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 - *for Medicaid enrollees and within available resources for non-Medicaid individuals*

1. ***Length of Stay***. The initial certification period is five (5) days. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care as outlined below.

2. ***Admission***. Notification is submitted to the SBH-ASO within twenty-four (24) hours of admit by the treating facility. Documentation provided in the notification includes demographics, clinical documentation, insurance coverage, if any, and financial eligibility for non-Medicaid individuals. Services provided 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 certification period must continue to meet medical necessity, insurance eligibility (for Medicaid enrollees) and financial eligibility (for non-Medicaid Individuals). Authorizations are subject to available resources for non-Medicaid individuals. 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. 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	• Provided as determined by a Court directed SUD diagnostic evaluation and treatment • Provider must be licensed or certified by the WA DOH • Program meets requirements of RCW 46.61.5056	Within Available Resources
Childcare	• Provided to children of parents in treatment to facilitate completion of the parent's plan for treatment services • Provided by licensed childcare providers • Time limited as per treatment plan	Within Available Resources
Community Outreach – SUPTRS priority populations PPW and IUID	• Provided to PPW and IUID individuals who have been unsuccessful in engaging in services • Goals should include enrolling Individuals in Medicaid • Recovery based, Culturally Appropriate and incorporates Motivational Approaches • Can be multi-agency based	Within Available Resources
Continuing Education and Training	• Provided to BHA or ASO staff as part of program of professional development • Provider of service must be Accredited either in WA State or Nationally • Provider must provide evidence of assessment of participant knowledge and satisfaction with the training.	Within Available Resources
PPW Housing Support Services	• Provided to Individuals meets definition of PPW and support provide to such an individual with children under the age of six (6) • Service provided in a transitional residential housing program designed exclusively for this population.	Within Available Resources
Recovery Support Services	• Provided to Individuals with diagnosed mental illness and/or substance use disorders. • Part of Treatment Plan for Individual • Culturally Appropriate and Diverse Programming • Evidence based • Oriented toward maximizing wellness as defined by the Individual	Within Available Resources
Sobering Services.	• Provided to Individuals with chronic AUD or SUD issues • Agency Based • Voluntary services • Accessible by Walk in Drop off • Provides Screening for medical problems • Provides shelter for sleeping off the effects of alcohol or other drugs • Provides Case management to assist with needed social services.	Within Available Resources

Therapeutic Interventions for Children.	• Provided to individuals with treatable Behavioral health diagnosis • Agency Based • Evidence Based, Culturally Appropriate • Voluntary participation • Part of Treatment Plan for Child • Not provided as part of Juvenile Rehabilitation Court Order	Within Available Resources
Transportation	• Provided to individuals with Behavioral health diagnosis • Agency based • Provided as part of Treatment plan • Provided for individuals to and from behavioral health treatment.	Within Available Resources

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name: Recovery Navigator Program: R.E.A.L. Program
Policy Number: CL209
Effective Date: 11/1/2021

Revision Dates: 4/1/2024; 5/20/2025; 3/19/2026

Reviewed Date:

Executive Board Approval Dates: 3/18/2022; 6/21/2024; 7/17/2025

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. SBH-ASO employs a Regional Recovery Navigator Administrator (RNA) who, in concert with the SBH-ASO Executive 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 adults and youth 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 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. Access to 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. Program Expectations:

a. R.E.A.L. Programs complete the Program Screening and Needs Scale at intake and no less than every 90 days.
    i. Level of support provided by the R.E.A.L. Program is in alignment with the individual's Program Screening and Needs Scale.
    ii. Based on individual need, participants may be provided:
        1. Outreach and engagement
        2. Light case management
        3. Intensive case management
b. The provision of engagement and support is in accordance with the Uniform Program Standards. Individuals complete an intake assessment and sign a multi-party Release of Information to enroll into case management.
c. Caseload management.
    i. R.E.A.L. Staff caseloads are managed in accordance with the Uniform Program Standards.
    ii. Individuals may be moved to inactive status due to lack of contact.
        1. At least 5 attempted contacts over a 60-day period are made prior to program discharge.
        2. If contact is made after that 60-day timeframe, there are no barriers to re-engaging with the R.E.A.L. Program.

9. The R.E.A.L. Program Involuntary Discharge protocol:
    a. Individuals may be discharged if expected incarceration of more than 1 year.
    b. Individuals presenting significant safety risk to team members (e.g., threats to staff or agency with plan and means) may be discharged.
    c. Upon discharge, appropriate referrals to other community resources are assessed.

10. 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.

11. Adhere to privacy requirements in accordance with state and federal standards, agency policies, and SBH-ASO policies.

12. <u>The R.E.A.L. Program Staff Training Plan includes:</u>
    a. Prior to First Contact:
        i. LEAD Toolkit Overview
        ii. CPR and Medical First Aid
        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)

13. <u>The R.E.A.L. Program Operational Workgroup:</u>
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.

14. 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.

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

16. R.E.A.L. Program Reporting Requirements:
    a. Monthly submission of the R.E.A.L. Program Logs by the 10th of the month following the month of service to SBH-ASO via Salish Provider Submission Portal. SBH-ASO may require additional data reporting as appropriate.
    b. Critical Incident reporting is required in accordance with SBH-ASO policies.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: Behavioral Health Housing Program **Policy Number:** CL210

Effective Date: 7/1/2021

Revision Dates: 4/1/2024; 4/30/2026

Reviewed Date:

Executive Board Approval Dates: 3/18/2022; 6/21/2024

PURPOSE:

To establish standardized procedures regarding the utilization of behavioral health housing funds by Salish Behavioral Health Administrative Services Organization (SBH-ASO) subcontractors.

POLICY:

SBH-ASO exercises responsibility over contracted funds for the purpose of assisting individuals in securing Permanent Supportive Housing (PSH) within and throughout the Salish Region. The SBH-ASO is the primary contact for any housing program related questions or concerns.

Definitions:

Housing and Recovery through Peer Services (HARPS) (HCA): The HARPS program provides housing-related peer services and Bridge subsidies to individuals with behavioral health disorders who are homeless or at risk of becoming homeless with priority given to Individuals exiting treatment facilities.

Bridge subsidy: HARPS Bridge subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with behavioral health disorders.

SUD subsidy: HARPS SUD subsidies are short-term funding to help reduce barriers and increase access to housing for individuals with substance use disorders.

Community Behavioral Health Rental Assistance (CBRA) (Commerce): Housing subsidies provided by the Department of Commerce for individuals with behavioral health conditions who require non-time-limited (ongoing) rental assistance to support long-term housing stability.

Procedure:

Housing Program Facilitation:

Housing Program subcontractors shall have policies and procedures outlining:

1. The purpose of program-specific rental subsidies and how those subsidies can be used.
    a. HARPS Bridge subsidy (GFS)
    b. HARPS SUD subsidy (GFS-SUD)
    c. CBRA (Dept. of Commerce) subsidy
    d. Governor's Housing and Homeless Initiative subsidy
2. Program eligibility criteria
    a. Program-specific eligibility verification
    b. Priority populations as identified by program required documentation to verify eligibility
        i. Screening
        ii. Risk Assessment
        iii. Verification of behavioral health diagnosis
        iv. Verification of risk of homelessness
3. Housing program support principles
    a. Permanent Supported Housing (PSH)
    b. Landlord outreach
    c. Privacy requirements as identified in the contract

HOUSING AND RECOVERY THROUGH PEER SUPPORTS (HARPS)

1. **HARPS Housing Bridge Subsidy:**
    a. SBH-ASO administers short-term Bridge subsidies intended for individuals with serious mental illness or substance use disorders. Housing subsidies are encouraged to be available to priority populations as follows:
        i. Individuals who are not eligible for Medicaid services through the Foundational Community Supports supportive housing program and who are experiencing a serious mental health, substance use, or co-occurring disorders (mental health and substance use disorder)
        ii. Individuals who are released from or at risk of entering:
            1. Psychiatric inpatient settings
            2. Substance use treatment inpatient settings
            3. Who are homeless, or at risk of becoming homeless
                a. Broad definition of homeless (couch surfing included)

    b. SBH-ASO administers SUD specific Bridge subsidy funds to serve individuals with substance use disorders. SUD specific funds are to be exhausted prior to use of Bridge subsidies for the SUD population. Housing subsidies are encouraged to be available to Individuals in the region that meet eligibility as priority populations.

2. **<u>HARPS Housing Bridge Subsidy Guidelines:</u>** HARPS programs are encouraged to have housing subsidy policies in place to address appeals, denials, and the following guidelines:

   a. The HARPS Bridge subsidy is short-term funding intended to help reduce barriers and increase access to housing. Individuals exiting withdrawal management, inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, evaluation and treatment (E&T) facilities, local psychiatric hospitals, and other inpatient behavioral healthcare settings could receive up to 3 months of assistance.

   b. HARPS Bridge subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence. HARPS teams are encouraged to utilize long-term housing subsidies available through the CBRA program.

   c. HARPS Bridge subsidies are estimated at approximately $2,500 per calendar year.
   d. Allowable expenses for HARPS Bridge subsidy:
      i. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's rent may be included with the first month's rent payment.
      ii. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS Bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
      iii. Security deposits and utility deposits for a household moving into a new unit.
      iv. Move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
      v. Application fees, background and credit check fees for rental housing.
      vi. Lot rent for an RV or manufactured home.
      vii. Costs of parking spaces when connected to a unit.
      viii. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities). Subcontractor policies must be submitted to SBH-ASO for review.
      ix. Reasonable storage costs.
      x. Reasonable moving costs such as truck rental and hiring a moving company.
      xi. Hotel/motel expenses for up to 30 days if unsheltered households are actively engaged in a housing search and no other shelter option is available.
      xii. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.

xiii. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at Workbook: Residence/Oxford House Locations (wa.gov)

3. HARPS Housing Service Team Guidelines:

a. Housing and Recovery through Peer Services (HARPS) Teams' caseload size.
   i. The case mix must be such that the HARPS Teams can manage and have the flexibility to provide the intensity of services required for each individual according to Medical Necessity.
   ii. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems maintaining housing. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.

b. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or is requested.
   i. HARPS Teams must have a response contact time of no later than two (2) calendar days following discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment center, Residential Treatment Center, Withdrawal Management facility, or psychiatric hospital, including state hospitals.

c. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant. Services must minimally include the following:
   i. Hospital Liaison Coordination: The SBH-ASO's Hospital Liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence to minimize gaps in outpatient health care and housing.
   ii. Service Coordination: Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in developing their personal housing plan, and will play an active role in finding housing and decision-making.
   iii. Crisis Assessment and Intervention Coordination: Behavioral health crisis assessment and intervention must be available 24-hours per day, seven days per week through the SBH-ASO's Crisis System. Services must be coordinated with the assigned treatment provider. These services include telephone and face-to-face contact.

d. Supportive housing services should include the following, as determined by medical necessity:
   i. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working

with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.

ii. Each HARPS participant will be assigned a Peer Specialist or Housing Specialist who will assist in locating housing and resources to secure housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including self-help and advocacy organizations that promote recovery.

iii. Each participant receiving HARPS services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.

e. Housing Search and Placement: Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.

f. Housing Stability: Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:

i. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.
ii. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services
iii. Seeking out and assistance applying for long-term housing subsidies
iv. Affordable Care Act activities that are specifically linked to the household stability plan
v. Activities related to accessing Work Source employment services
vi. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR)
vii. Monitoring and evaluating household progress
viii. Assuring that households' rights are protected

ix. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR)

g. Education Services Linkage: Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support with applying for schooling and financial aid, enrolling, and participating in educational activities, or linking to supported employment/supported education services.

h. Vocational Services Linkage: These services may include work-related services to help an individual's value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers. These activities should also be part of the individual's recovery (treatment) plan or linkage to supported employment.

i. Activities of Daily Living Services: Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), environmental adaptations to assist individual in gaining or using the skills required to access services, and providing direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.

j. Social and Community Integration Skills Training: Social and community integration skills training serves to support social/interpersonal relationships and leisure-time skill training. Services may include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network, and receive feedback and support.

k. Peer Support Services: These include services to validate individuals' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery, as well as services to help individuals identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma. Peer Support and Wellness Recovery Services include:

1. Promote self-determination
2. Model and teach self-advocacy
3. Encourage and reinforce choice and decision-making

4. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery

5. “Sharing the journey” (a phrase often used to describe individuals’ sharing of their recovery experience with other peers). Utilizing one’s personal experiences as information and a teaching tool about recovery

6. The Peer Specialist will serve as a consultant to the treatment team to support a culture of recovery in which each individual’s point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, support, vocational and community activities

l. Substance Use Disorder Treatment Linkage: If clinically indicated, the HARPS team may refer the individual to a DBHR-licensed SUD treatment program.

4. HARPS Teams will not suggest or provide medication prescription, administration, monitoring and documentation.

5. The HARPS Team should work with the treatment team:

a. To establish a peer relationship with each participant

b. To assess an individual’s housing needs and provide verbal and written information about housing status.

c. The community treatment team physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) may review that information with the individual, HARPS Team Members and, as appropriate, with the individual’s family members or significant others

d. Provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.

e. In collaboration with the individual, assess, discuss, and document the individual's housing needs and behavior in response to medication, monitor and document medication side effects, and review observations with the individual and treatment team

6. HARPS Team Members must participate in the HARPS monthly administrative conference call hosted by the Health Care Authority.

COMMUNITY BEHAVIORAL HEALTH RENTAL ASSISTANCE (CBRA)

The SBH-ASO receives funds from the Department of Commerce for. non-time-limited rental subsidies intended to support long-term housing stability for high-risk individuals with behavioral health conditions and their households.

1. **Program Eligibility**
   a. Eligibility is limited to adults (and their households) who have a diagnosed behavioral health condition, are eligible for services from an approved long-term support program

and demonstrate a need for long-term subsidy (for example, Foundational Community Supports)

b. Contractors shall commit to prioritizing subsidies for priority populations, identified as individuals who are discharging or needing to discharge from a psychiatric hospital or other psychiatric inpatient setting

2. **Contractors shall comply with all of the requirements in the most up-to-date version of the Community Behavioral Health Rental Assistance Program Guidelines.**

Complaint Process

The SBH-ASO and Subcontractors have written complaint procedures that complies with Department of Commerce requirements. SBH-ASO and Subcontractors are responsible for addressing complaints about their services and/or any unresolved complaints about services provided by the Subcontractor. All complaints not resolved to the satisfaction of the complainant are considered unresolved.

Guidelines:

All complaints should be resolved at the lowest level possible.

- The complainant should seek resolution at the agency providing the service.
- If the complaint is not able to be resolved at the agency level, or if the complainant has a concern about filing the complaint with the agency, the complaint will be escalated to SBH-ASO.
- If a complaint is not resolved at the SBH-ASO level, the complaint may be escalated to Commerce.

Complaints may be submitted orally or in writing. Complaints can be submitted anonymously or under an alias; anonymous submissions must be identified as such in records. Retaliation toward anyone filing a complaint by SBH-ASO or a Subcontractor through fines, fees, or other strictly enforced terms is strictly prohibited.

All parties must maintain a complaint log documenting each complaint and the actions taken to resolve it. This log is subject to review during monitoring or upon request.

Subcontractors:

Subcontractors provide information on their complaint process to the participant when their services begin. They will have this process posted at all facilities, on websites, and included in client handbooks and signatory paperwork. Individuals or families receiving services from Subcontractors submit complaints directly to the service provider (usually the Subcontractor) following the Subcontractor agency's established complaint procedure.

Subcontractors who receive complaints from service recipients are responsible for addressing all complaints about their services and/or unresolved complaints about services provided.

If complaints are not resolved to the satisfaction of the complainant, Subcontractors must escalate the complaints to SBH-ASO within 14 calendar days of the receipt of the complaint..

Salish BH-ASO (SBH-ASO):

If a complaint involves but has not been addressed by a Subcontractor, SBH-ASO will forward the complaint to the Subcontractor via their complaint process to first be addressed at the lowest level. If a complaint involving a Subcontractor is not resolved at the Subcontractor level, it is addressed at the SBH-ASO level.

The SBH-ASO Housing Program Manager is responsible for handling complaints. The SBH-ASO Housing Program Manager will acknowledge receipt of each Complaint, either orally or in writing, within two (2) business days. The SBH-ASO Housing Program Manager will respond to complaints with a proposed resolution or guidance on next steps to escalate a complaint within 14 calendar days. A one-time extension of an additional 14 calendar days may be made with consultation of the complainant not to exceed 28 calendar days. If a complaint is not resolved at the SBH-ASO level, Salish will assist, where appropriate and necessary, in escalating the complaint to Commerce.

Commerce:

Commerce is responsible for addressing all complaints about CBRA services or supports, unresolved and/or escalated complaints about the services or supports of SBH-ASO. If Commerce receives a complaint involving SBH-ASO or Subcontractor, the complaint will be forwarded to the appropriate party to address at the lowest possible level. Otherwise, Commerce will evaluate and respond to complaints in alignment with the Housing Division complaint procedure.

For CBRA participants, if the complaint is not resolved to their satisfaction through the complaint process, or if the complainant has concerns that there will be repercussions for filing a complaint, they may escalate the complaint to Commerce Housing Division in any of the following ways:

- Completes the online complaint submission form https://forms.office.com/g/qi63JqFCbr
- Emails the CBRA Program Manager at CBRAADMIN@commerce.wa.gov
- Emails the HD Quality Assurance Manager at HDComplaints@commerce.wa.gov.

For programs with federal funding, the U.S. Department of Housing and Urban Development (HUD) is also listed as a complaint submission option when all other avenues have been exhausted.

This complaint procedure is supplementary and does not replace landlord-tenant law or established processes such as Medicaid fair hearings.

Reporting

The SBH-ASO Housing Log is submitted by the 10th of the month following the subsidy and/or support services provided.

Billing

Monthly invoices must be submitted by the 10th of the following month through the Salish Provider Submission Portal .

Billing must be in accordance with contract budget and program requirements.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: Salish Regional Family Youth System Partner Round Table (FYSPRT)

Policy Number: CL212

Effective Date: 04/01/2023

Revision Dates: 4/10/2026

Reviewed Date: 3/4/2025

Executive Board Approval Dates: 5/19/2023

POLICY

Salish Regional FYSPRT provides an equitable opportunity for family, youth, and systems partners to share their voices to address recurring system gaps, barriers, and process improvements to child, youth, and family behavioral health services and supports.

Salish Regional FYSPRT strives to become more culturally diverse and reflective of the diversity of the region.

PROCEDURE

Salish Regional FYSPRT promotes development of systems of care that are based on community priorities. This is accomplished by convening a group of diverse individuals invested in behavioral health outcomes including family, youth, system partners, tribal partners, providers, and community leaders to share their voices to improve outcomes for children, youth, and families.

Consistent with the FYSPRT manual, Salish BH-ASO will continue to develop, promote and support Regional FYSPRT activities by providing administrative and staff support for FYSPRT deliverables including but not limited to:

1. Including Youth, family and system partner representation in all aspects of the development, promotion, support, implementation and evaluation of the Regional FYSPRT.

2. Engaging with Youth, families, and system partners to build and maintain Regional FYSPRT participation as identified in the FYSPRT manual.

3. Convening a minimum of ten Regional FYSPRT meetings, in person or virtually, each calendar year.
4. Completing a needs assessment due October 31 of every even calendar year.
5. Creating and submitting a Work Plan for a two-year period based on the results of the completed needs assessment, and FYSPRT meetings and evaluations.
6. Maintaining a Regional FYSPRT webpage.
7. Participating in state-level activities.
8. Utilizing a meeting evaluation tool.
9. Reporting to HCA on a quarterly basis.

REIMBURSEMENT PROCESS FOR PARTICIPANTS

Eligible youth and family members can receive a reimbursement for participating in FYSPRT meetings, events, outreach activities, training events, travel (mileage), and childcare.

1. Individuals must complete a W-9 form to be eligible to receive a reimbursement participation in FYSPRT activities.
    a. Reimbursements that exceed tax threshold are subject to participant tax liability.
2. Each month that Individuals are eligible for a reimbursement they must complete an online Cognito submission form. Submission of the Cognito form should be completed by the 5th of the month for the month prior.
3. Cognito submissions are reviewed by the Salish FYSPRT Convener for accuracy and forwarded for final approval and payment.

MONITORING

On a quarterly basis, Salish BH-ASO will report to HCA on the following:

1. Examples of how family, youth, and system partner voice have been included.
2. Efforts around community outreach and engagement.
3. Combined quarterly attendance meets or exceeds 51% youth and family attendance at FYSPRT meetings.
4. Convening a minimum of 10 regional FYSPRT meetings each calendar year. Meeting agendas, meeting notes, and meeting attendance records are submitted.
5. Confirmation that regional FYSPRT meetings follow protocols outlined by the FYSPRT Manual. Confirmation of a review of WISe data/reports at two meetings per calendar year to identify strengths and needs of the Regional Services Area.
6. Confirmation that a Needs Assessment is completed by October 31st of every even numbered calendar year.
7. Progress on goals and actions steps as outlined in the Work Plan, including barriers identified and plans to address barriers. Provide description of any added projects.
8. Names of Salish Regional FYSPRT Tri-Leads.
9. Verification of travel support for all Regional Tri-Leads to attend statewide FYSPRT meetings.

10. Verification of travel support for Youth Tri-Leads to participate as members of the Statewide Youth Leadership Network activities.
11. Verification of travel support for Regional FYSPRT Family Tri-Lead(s) to participate as members of the Washington Behavioral Health Statewide Family Network activities, trainings, or meetings.
12. Verification of the use of a meeting evaluation tool such as the FYSPRT Evaluation Tool and FYSPRT Evaluation – Narrative Team Effectiveness Questionnaire (NTEQ), (found in the FYSPRT Manual) to evaluate the effectiveness of the Regional FYSPRT meetings at least one time per quarter.
13. Provide travel, participation, and meeting support documentation (A-19).
14. Verification that the Salish Regional FYSPRT website content includes:
    a. Point of contact, name, email, and phone number.
    b. Regional meeting agendas and meeting notes.
    c. Dates, locations, and times of past and upcoming Regional FYSPRT meetings (including information on travel reimbursement, childcare, and other meeting supports). If the meeting is online, include information about how to join.
    d. Salish Regional FYSPRT Charter
    e. Policies and procedures
    f. How to propose an agenda item for a future Regional FYSPRT meeting.
    g. Results of the Needs Assessment
    h. The Annual Work Plan
    i. Links to relevant regional/statewide resources and information.
    j. Link to website www.salish-bhaso-fysprt.org

15. Forward quarterly report and supporting documentation to HCABHASO@hca.wa.gov

Salish Behavioral Health
Administrative Services Organization

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; 4/10/2026

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; 7/17/2025

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 of 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.
    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 all staff receive annual training on cultural competency in accordance with Cultural, Linguistic Appropriate Services (CLAS) standards.

c. 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

d. 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.

e. 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 Statutes 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 Behavioral Health
Administrative Services Organization

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; 4/30/2026

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

Executive Board Approval Dates: 11/1/2019; 7/30/2021; 7/17/2025

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
    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 WAHeligibilityfraud@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 and, if applicable, the appropriate Managed Care Organization (MCO) within five (5) business days of the determination. The referral must be emailed to HCA at 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.

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.

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 WAHeligibilityfraud@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 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 Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ELIGIBILITY VERIFICATION **Policy Number:** FI501

Effective Date: 1/01/2020

Revision Dates: 2/05/2026

Reviewed Date: 6/24/2019; 10/8/2019; 2/3/2020; 2/23/2021; 5/24/2024

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

POLICY

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

PROCEDURE

The SBH-ASO maintains protocols for determining eligibility for non-crisis Behavioral Health services. At a minimum, protocols address data collection, income verification, frequency of financial eligibility review, and identification of priority populations as outlined below.

1. Providers are required to collect data elements to be able to identify individuals' income eligibility, third-party coverage (including Medicaid), referral/assessment for Medicaid eligibility, and identification as a priority population.
    a. For levels of care requiring authorization and/or notification, Providers are required to utilize the SBH-ASO Notification and Authorization Program (SNAP).

i. Providers are required to collect and submit this information upon initial SNAP request of SBH-ASO funding and at each continued stay request and/or when becoming aware of changes.
ii. SBH-ASO staff will review submitted documentation to substantiate eligibility criteria have been met.

b. For levels of care not requiring authorization and/or notification, Providers are required to retain documentation of this collected data, which is to be made available the SBH-ASO as needed and upon request.

2. At HCA's direction, the SBH-ASO shall participate with the Managed Care Organizations (MCOs) in a regional initiative to develop and implement consistent protocols to determine clinical or program eligibility for non-crisis Behavioral Health services.
3. The SBH-ASO shall participate in developing protocols for individuals with frequent eligibility changes. The protocols will address, at a minimum, coordination with the Apple Health IMC MCOs, Tribes, IHCPs, HCA Regional Tribal Liaisons, and referrals, reconciliations, and potential transfer of GFS/FBG funds to promote Continuity of Care for the individual.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: In Network Contract Billing **Policy Number:** FI506

Effective Date: 06/19/2026

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To outline the process by which in network contracted Providers and organizations submit invoices to the Salish Behavioral Health Administrative Services Organization (SBH-ASO) for reimbursement.

POLICY

Invoices/claims submitted to the SBH-ASO from in-network contracted Providers and organizations must be submitted to SBH-ASO using the SBH-ASO Invoice template in accordance with funding source and contractual requirements.

PROCEDURE

I. At contract execution, SBH-ASO will provide a corresponding SBH-ASO contract Invoice template to the contracted Provider. All billing submissions associated with this contract must be submitted using this invoice.

II. Contracted Providers are paid within the limits established within the Budget/Rate sheet of their contract(s). Any costs incurred by the Provider over and above the total amounts set out in this document, shall be at the Provider's sole risk and expense.

III. Contracted Providers shall submit invoices for payment in accordance with contractual timelines for submitting invoices, except in situations where there is a documented reason for delay.

IV. SBH-ASO shall pay Providers monthly for services identified in the Statement(s) of Work contained within their contract(s) and is subject to the availability of funds.

V. **Clean Invoices**

a. SBH-ASO processes invoices received to determine completeness and accuracy.

b. In order for an invoice to be clean the following applicable conditions must be met:
   i. All required fields must be complete and accurate on the SBH-ASO Invoice template.
   ii. For those services that require notification/prior authorization, as outlined in Policy CL203 Levels of Care, the treating provider must submit all necessary information to the Salish Notification and Authorization Program (SNAP).
   iii. SBH-ASO Providers are required to adhere to all regulatory, contractual and policy requirements regarding third-party liability and coordination of benefits. Amounts invoiced to the SBH-ASO must account for payments already received.
   iv. SBH-ASO invoice line items shall not be submitted with an amount higher than the contractual rates.

c. If the invoice received is incomplete or inaccurate, SBH-ASO staff will notify the submitting Provider within 5 business days of receipt that corrections are required.
   i. SBH-ASO does not alter Provider input fields on the SBH-ASO Invoice template.

VI. **Payment Timelines**

a. SBH-ASO shall pay or deny 95% of all clean invoices within thirty (30) calendar days of receipt of the clean invoice from the Provider.

b. SBH-ASO shall pay or deny 95% of all invoices within sixty (60) calendar days of receipt of the invoice from the Provider.

c. SBH-ASO shall pay 99% of all invoices within ninety (90) calendar days of receipt of the invoice from the Provider.

d. If SBH-ASO fails to meet its obligations in this section, SBH-ASO shall pay Provider interest at the rate of one (1) percent per month on all unpaid clean invoices that have not been denied and which have aged sixty-one (61) or more days, until such time SBH-ASO is again in compliance with the requirements of this section.

VII. **Invoice Payment Denials**

a. SBH-ASO does not deny payment on invoices for contracted providers submitted within the scope of their contract, budget allocations, and within clean invoice standards.

b. SBH-ASO issues an administrative denial in the event that there is an inability to resolve submission issues within the identified timelines.

    i. SBH-ASO will issue a Notice of Adverse Authorization Determination to the requesting Provider and the Individual for all administrative denials.

VIII. Overpayments

a. In the event a Provider fails to comply with contractual obligations and results in an overpayment, SBH-ASO may recover the amount due as set forth in contract. In the case of overpayment, Provider shall cooperate in the recoupment process and return to SBH-ASO the amount due upon demand.
    i. Except in the case of fraud, SBH-ASO may not request a refund from the Provider of payment previously made to satisfy an invoice unless it does so in writing within 24 months after the date payment was made.

    ii. In the case of coordination of benefits, SBH-ASO must request a refund from Provider of payment previously made to satisfy an invoice within 30 months after the date payment was made.

    iii. Except in the case of fraud, Provider may not request payment from SBH-ASO to satisfy an invoice unless it does so in writing within 24 months after the date the invoice was denied or payment intended to satisfy the invoice was made.

    iv. In the case of coordination of benefits, the Provider must request from SBH-ASO within 30 months after original payment was made for any additional balances owed.

IX. Payment Disputes

a. All invoices, disputes and other matters in question between SBH-ASO and Provider arising out of, or relating to, payment for subcontracted services shall be resolved by the following dispute resolution procedure unless the parties mutually agree in writing otherwise:

    i. Information Resolution – the parties shall use best efforts and will deal fairly and negotiate in good faith to informally resolve any disputes that may arise related to service provision.

    ii. Nonbinding Mediation – If Provider is dissatisfied with SBH-ASO's final resolution of a payment dispute or if SBH-ASO fails to grant or reject Provider's request for review of payment dispute within thirty (30) days after it is made, Provider may submit the payment dispute to nonbinding mediation pursuant to Chater 7.07 of the Revised Code of Washington.

MONITORING

I. SBH-ASO participates in financial audits by Washington State Health Care Authority, WA State Department of Commerce, and Washington State Auditors in accordance with expectations.

II. This policy is monitored through the annual SBH-ASO Subcontractor Monitoring Reviews.
   a. If a Provider performs below expected standards, a Corrective Action Plan may be required for SBH-ASO approval.

III. SBH-ASO Internal Quality Committee reviews any instances where payment timeline standards were not met.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA USE, SECURITY AND CONFIDENTIALITY	**Policy Number:** IS601
Effective Date: 01/01/2020	
Revision Dates: 2/19/2026	
Reviewed Date: 4/08/2019; 9/25/2020; 5/24/2024	
Executive Board Approval Dates: 5/17/2019; 11/1/2019	

PURPOSE

To address the security, privacy and confidentiality of our data and protect it from unauthorized access.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) and its subcontractors will meet the Data Use, Security and Confidentiality requirements as set out in the Data Use, Security and Confidentiality Exhibit of the HCA BH-ASO Contract.

PROCEDURE

Data Classification

The HCA classifies data into categories based on the sensitivity of the data pursuant to OCIO standards.
Category 4 Data is information that is specifically protected from disclosure and for which:

i) especially strict handling requirements are dictated, such as by statutes, regulations, or agreements;
ii) serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.

Constraints on Use of Data

SBH-ASO will not release or use HCA data for its own discretionary use. SBH-ASO and its subcontractors must use any HCA data received or accessed under contract to carry out the purpose of that HCA BH-ASO contract only. SBH-ASO or its delegate subcontractors will not disclose any HCA data in any unauthorized fashion, or that is contrary to its contract requirements with the HCA.

SECURITY OF DATA

Data Protection

SBH-ASO and its subcontractors will protect and maintain all Confidential Information received from HCA, that is defined as confidential under state or federal law or regulation, or data that HCA has identified as confidential, against unauthorized use, access, disclosure, modification or loss. This duty requires SBH-ASO and its subcontractors to employ reasonable security measures, which include restricting access to the Confidential Information by:

(1) Allowing access only to staff that have an authorized business requirement to view the Confidential Information.
(2) Physically securing any computers, documents, or other media containing the Confidential Information.

Data Security Standards

SBH-ASO and its subcontractors will comply with and enforce the Data Security Requirements within this policy and the Washington OCIO Security Standard, SEC-04, which will include any successor, amended, or replacement regulation (Policies | WaTech .).

Transmitting Data

When transmitting Data electronically, including via email, the Data will be encrypted using NIST 800-series approved algorithms (NIST Computer Security Resource Center | CSRC). This includes transmission over the public internet. All SBH-ASO electronic data *"in motion"* is required to be transmitted securely by one of its following available services:

(1) secure email via Microsoft Office 365 Encryption,
(2) SSH file transfer to / from SBH-ASO (or subcontractors) MFTP server hosted by WATech (mft.wa.gov).

When transmitting PHI, PII or HCA OCIO Category 4 Data via paper documents outside of the building, SBH-ASO employees will follow applicable PHI control and check out protocols.

Protection of Data

All SBH-ASO electronic ePHI, PII or HCA OCIO Category 4 data *"at rest"* is required to be stored and transported securely by:

(1) encrypting Client endpoints and Servers using NIST 800-series approved algorithms (AES-128 bit or higher)
(2) encryption keys that are stored and encrypted independently of the data
(3) the use of Key Cards to provide access to Physical locations accessible only to authorized personnel
(4) authorized HCA OCIO Category 4 data allowed to be stored on Portable/Removable Media is encrypted with NIST 800-series approved algorithms (AES-128bit or higher), with encryption keys stored and protected independently of the data, also using NIST 800-series approved algorithms managed by Kitsap County IS staff; by
(5) storing the encrypted removable storage devices in locked storage when not in use; and
(6) using check-in/check-out procedures to update and maintain inventory of devices when said devices are issued to authorized end users; by
(7) ensuring that when being transported outside of a Secured Area, all issued storage devices containing confidential ePHI, personally identifiable information (PII) or HCA OCIO Category 4 data are always under the physical control of that authorized user.

Paper Documents

Any paper records containing Confidential ePHI, PII or HCA/OCIO Category 4 Information will be protected by storing the records in a locked file cabinet accessible to authorized personnel, located in a secured area accessible only to authorized personnel using assigned security badges.

Data Segregation

All confidential ePHI, PII or HCA/OCIO Category 4 data received and stored by SBH-ASO is kept physically or logically segregated from other data. When physical or logical storage of HCA data is not possible, SBH-ASO stores HCA data in a form distinguishable from other data by unique ID, directory structure, or independent file share to guarantee HCA data can be uniquely identified for return or secure destruction, or to determining if HCA data has or may have been compromised in the event of a security breach.

HCA's Data will be stored in one of the following ways:

(1) on secured media (e.g. hard disk, flash drive.) which contains only HCA data; or
(2) in a logical container on electronic media, such as a partition or folder dedicated to HCA's data; or
(3) in a database that contains only HCA data; or
(4) within a shared database – HCA data will be distinguishable from non-HCA data by the value of a specific field or fields (globally unique primary key(s)) within database records; or
(5) physically segregated from non-HCA Data in a drawer, folder, or other container when stored as physical paper documents.

When it is not feasible or practical to segregate HCA's Data from non-HCA data, SBH-ASO stores HCA's data and all commingled non-HCA data is protected by the HCA security standards.

Data Disposition

At the end of the contract term, or when no longer needed, all Confidential HCA Information and/or data will be returned to HCA or disposed of, except as required to be maintained for compliance or accounting purposes. HCA data to be destroyed will be destroyed using standards outlined in NIST 800-88 (http://csrc.nist.gov/publications/). For data stored on network disks, HCA data will be deleted by SBH-ASO. If the disks containing HCA confidential data will not remain in a controlled and secured environment at SBH-ASO, SBH-ASO will ensure that HCA confidential data will be securely sanitized (wiped) using Kitsap County IS secure media wiping procedures. If the media disks (hard drives or flash drives) are retired, replaced, or otherwise taken out of service and are removed from a SBH-ASO secured area, they will be either:

(1) three-pass secure wiped (sanitized) using a DoD 5220.22-M certified secure wiping utility if the media was previously encrypted with NIST compliant encryption algorithms; or
(2) seven-pass wiped (sanitized) using a DoD 5220.22-M certified secure wiping utility if the media was previously unencrypted; or
(3) physically signed over to and destroyed by a HIPAA compliant secure file / media shredding service that provides a signed *transfer and attestation of destruction* documentation.

Kitsap County as the administrative entity maintains media sanitation logs and signed media destruction and attestation documentation in our records for a minimum of ten years. Secure recycled physical media is marked as either donated or destroyed within Kitsap County IT asset inventory.

DATA CONFIDENTIALITY AND NON-DISCLOSURE

Data Confidentiality

SBH-ASO and its subcontractors do not use, publish, transfer, sell or otherwise disclose any PHI, PII or HCA/OCIO confidential information gained for any purpose not directly connected with our HCA contract, except for:

(1) as provided by law; or
(2) with the prior written consent of the person or personal representative of the person who is the subject of the confidential information.

Non-Disclosure of Data

SBH-ASO ensures that all employees or subcontractors who have access to confidential PHI, PII, or HCA data (including employees and IT support staff) are instructed and aware of the use, restrictions and protection requirements of HCA before gaining access to HCA data. SBH-ASO ensures that any new employee or its subcontractor is made aware of the use restrictions and protection requirements before they are granted access to the data. SBH-ASO ensures that each employee or subcontractor who will access HCA confidential data signs a non-disclosure of

confidential information agreement to fulfill confidentiality and nondisclosure contract requirements.

SBH-ASO retains the signed copy of employee non-disclosure agreement in each employee's personnel file for a minimum of ten years from the date the employee's access to the data ends. SBH-ASO will make this documentation available to HCA upon request.

Penalties for Unauthorized Disclosure of Data
SBH-ASO complies with all applicable federal and state laws and regulations concerning collection, use, and disclosure of PII and PHI. Violation of these laws may result in criminal or civil penalties or fines. SBH-ASO and its subcontractors accept full responsibility and liability for any noncompliance with applicable laws, or the HCA contract, its employees, and its subcontractors.

Data Shared with Subcontractors
If SBH-ASO provides HCA data access to a Subcontractor under this Contract, SBH-ASO will include all the data security terms, conditions and requirements set forth by HCA in any such subcontract. However, no subcontract will terminate the SBH-ASO's legal responsibility to HCA for any work performed under contract nor for oversight of any functions and/or responsibilities SBH-ASO delegates to any subcontractor.

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name:	DISASTER RECOVERY AND BUSINESS CONTINUITY	**Policy Number:** IS604

Effective Date: 1/1/2020

Revision Dates: 10/15/2020; 4/10/2026

Reviewed Date: 4/8/2019; 5/9/2024

Executive Board Approval Dates: 5/17/2019; 11/20/2020

CROSS REFERENCES

- Policy: Kitsap County Information Services Disaster Recovery Policy

PURPOSE

To outline the process of Salish Behavioral Health Administrative Services Organization (SBH-ASO) coordination with Kitsap County Information Services for the purpose of implementing the Disaster Recovery Plan.

POLICY

The SBH-ASO has and requires its subcontractors to have a primary and back-up system for electronic submission of data requested by HCA. The system includes the use of the Inter-Governmental Network (IGN) Information Systems Services Division (ISSD) approved secured virtual private network (VPN) or other ISSD-approved dial-up. In the event these methods of transmission are unavailable and immediate data transmission is necessary, an alternate method of submission will be considered based on HCA approval.

It is the mission of SBH-ASO to create and maintain a business continuity and disaster recovery plan that ensures timely reinstitution of the Consumer information system following total loss of the primary system or a substantial loss of functionality

The scope of this policy is limited to the effective and efficient restoration of communications and data flow between SBH-ASO, its subcontractors, HCA, and the MCOs.

PROCEDURE

A. Appointed Disaster Recovery Staff for SBH-ASO will consist of:
   - SBH-ASO Executive Director
   - SBH-ASO IS Manager

B. In the event of an emergency, the SBH-ASO Executive Director would be the first point of contact by Kitsap County IS. The SBH-ASO IS Manager would assist the Executive Director and Kitsap County IS during the recovery operations. If the SBH-ASO Executive Director and SBH-ASO IS Manager are unable to perform these duties, Kitsap IS will fill those roles.
   - The SBH-ASO Executive Director and the SBH-ASO IS Manager will be the points of contact for SBH-ASO subcontractors.

C. SBH-ASO Executive Director or their designee will notify all payors of any impacts to contractual obligations related to incidents covered under this plan. These notifications will occur in accordance with all regulatory requirements.

D. The Kitsap County Disaster Recovery Management Team is responsible for leading the overall system recovery priority and restoring communications for Kitsap County. A complete list of emergency contacts is kept by Kitsap IS on each of their cell phones.
   - SBH-ASO employees have a phone list at home in case of emergency and to support disaster recovery activities.

E. Kitsap County IS maintains the applications inventory for SBH-ASO as well as confirmation of updated systems and operations documentation. Kitsap County IS also maintains all hardware and software vendor lists.

F. All backup processes are run nightly by Kitsap County IS, including SBH-ASO data, and off-site storage of data backups is kept in the cloud and at the Kitsap 911 facility.

G. Designated recovery site strategies are facilitated by Kitsap County IS and Facilities.

H. The file recovery system is tested weekly and logs are available on request.

SBH-ASO will submit an annual certification statement indicating there is a business continuity disaster plan in place for both the SBH-ASO and its Subcontractors. The certification must be submitted by January 1 of each Contract year. The certification must indicate the plan is up to date, the system and data backup and recovery procedures have been tested, and copies of the SBH-ASO and Subcontractor plans are available for HCA to review and audit.

Salish Behavioral Health
Administrative Services Organization

NOTICE OF PRIVACY PRACTICES

The following “Notice of Privacy Practices” contains important information about how your medical information is used and protected by the Salish Behavioral Health Administrative Services Organization (SBH-ASO).

The SBH-ASO maintains only a limited amount of medical information at its regional offices associated with your services and related billing information. Requests you might have for information associated with your services should be directed to the agency where you have accessed services.

This Privacy Notice is written and given to you to assist in understanding a law called the Health Insurance Portability and Accountability Act (HIPAA), and includes the following information:

- **Section 1** of the Notice of Privacy Practices outlines the responsibilities that the SBH-ASO has for keeping your medical information private and giving you a copy of the notice.
- **Section 2** of the Notice of Privacy Practices explains protections around Substance Use Disorder Records.
- **Section 3** of the Notice of Privacy Practices explains your rights about your medical information.
- **Section 4** explains how the SBH-ASO may use or share your medical information.
- **Section 5** explains how you may ask for help to understand your rights or to complain about privacy practices.

Please look at the Notice for more complete information.

Effective Date: *February 18, 2026*

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) respects your privacy. We understand that your medical information is very sensitive. We will not disclose your medical information to others unless you allow us to do so, or the law allows us to do so.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

1. SBH-ASO DUTIES

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice upon your request; and
- Follow the terms of the Notice of Privacy Practices that is currently in effect.
- Comply with all applicable federal and state privacy laws, including HIPAA and federal confidentiality requirements related to substance use disorder treatment records.
- Notify you if your protected health information, including substance use disorder information, is involved in a breach as defined by law.

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the top right-hand corner, the effective date. A copy of the current notice will be posted in our office and is available at the offices of our contracted providers. You may also receive the most recent copy of this notice by calling and asking for it.

2. SUBSTANCE USE DISORDER (SUD) TREATMENT RECORDS

Some medical information maintained or received by SBH-ASO may include records related to substance use disorder diagnosis, treatment, or referral. These records are protected by federal law under 42 CFR Part 2, in addition to HIPAA and applicable state law.

SBH-ASO may use and disclose these records only as permitted by law and with your written consent, except in limited circumstances.

Under current federal law:

- You may provide a single written consent that allows SBH-ASO to use and disclose your substance use disorder treatment information for treatment, payment, and health care operations.

- This may include care coordination, utilization management, quality improvement, and payment activities.

- Your consent may allow for future disclosures unless you revoke it in writing.

- You have the right to revoke your consent at any time, except to the extent the action has already been taken based on your consent.

3. YOUR MEDICAL INFORMATION RIGHTS

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by us in order to inspect and request copies of the records. You may also request a copy of your medical records in electronic form, if readily available. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We must respond to requests within 15 days. We may take one 15-day extension and will inform you in writing of the reason and the expected completion date. We may charge a fee for the costs of copying and sending you any records requested.

- **Right to Amend:** If you believe the medical information we maintain about you is incorrect or incomplete, you have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

- **Right to an Accounting of Disclosures:** Upon written request to the Privacy Officer at our office, you may obtain an accounting of certain disclosures of medical information made by us after January 1, 2020. This right applies to certain disclosures of your medical information. In some circumstances, this may include disclosures for treatment, payment, and healthcare operations. This right excludes disclosures made directly to you or otherwise authorized by you and is subject to other restrictions and limitations.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we have on record at SBH-ASO. You also have the right to restrict disclosure of PHI to a health plan where the disclosure purpose is for payment of health care operations and the PHI pertains solely to the health care item of service for which the health care provider involved has been paid out of pocket. To request restrictions, you must make your request in writing to the Privacy Officer at our office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at our office. We

will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice of Privacy Practices ("Notice"). You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

  You may obtain a copy of this notice at any of our contracted providers.

  To obtain a paper copy of this notice, contact the Privacy Officer at our office as listed below.

4. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose medical information about you without your written authorization for certain purposes, except as otherwise described in this Notice. The examples provided in each category are not meant to be exhaustive but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

Certain uses and disclosures of substance use disorder treatment information require your written consent unless otherwise permitted by law. Once you provide written consent, SBH-ASO may use and disclose this information for the following treatment, payments, and health care operations.

- **For Treatment:** Though we do not provide treatment directly, we may disclose medical information about you that your health care provider requests to help them with your medical treatment or services. For example, we may disclose treatment summaries that are sent to our office to a health care provider who is involved with your care, to ensure care coordination and case management.

- **For Health Care Operations:** We may use and disclose medical information for operational purposes. For example, members of our staff routinely review records to assess quality and to improve the services provided to you.

- **For Payment:** We may use and disclose your medical information so that we can process payments for services provided to you. For example, when we request payment from the state, the state needs information such as your diagnoses, services performed or recommended care in order to authorize these payments.

- **Notifications**: We may disclose medical information about you to assist in disaster relief efforts.

- **Service Information**: We may use your medical information to inform you of treatment alternatives and/or health-related products or services that may be of interest to you and are provided by us, included in your plan of benefits or otherwise available to you.

  SBH-ASO will not use or disclose your substance use disorder treatment information for marketing or fundraising purposes without your written authorization, except as permitted by law.

- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

- **Public Health:** We may disclose medical information about you for public health and safety activities as allowed or required by law.

- **About Victims of Abuse, Neglect or Domestic Violence:** We may disclose medical information when we believe that you may be a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Law Enforcement:** We will disclose medical information about you to law enforcement when allowed or required to do so by federal, state or local law.

- **Court Proceedings:** We may disclose medical information about you for court proceedings as allowed or required to do so by federal, state or local law.

  Federal law restricts the use of substance use disorder treatment information in criminal, civil, or administrative proceedings against you without your written consent or a under a specific court order.

- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of SBH-ASO. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Research:** We may disclose your medical information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research protocol and established protocols to ensure the privacy of your medical information.

- **Special Government Functions**: We may release medical information about you to authorized federal officials, so they may provide protection to the President, other authorized persons or foreign heads of state, for intelligence, counterintelligence, and other national security activities authorized by law.

- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Business Associates:** Some or all of your protected health information may be subject to disclosure through contracts for services with business associates, outside of SBH-ASO. Examples include, but are not limited to, other health care entities, attorneys, shredding companies and transcription services. When these services are contracted, we may disclose your information to our business associate so that they can perform the job we've asked them to do. We require all of our business associates to agree in writing and appropriately safeguard your information in accordance with HIPAA privacy and security standards.

Recipients of substance use disorder treatment information must comply with applicable federal and state confidentiality requirements and may not use or disclose such information in a manner inconsistent with those requirements.

- **For Children Under age 13:** Both parents, regardless of custody, have equal right to access and consent for the release of information. The only circumstance where a parent may lose this right is when there has been a formal termination of parental rights by a court of law (RCW 26.09.225) or if a court ordered parenting plan gives exclusive rights to one of the parents. A parent's right to access information may also be denied if access to the information places the minor at risk.

- **Guardians and Guardians ad litem:** Information may be shared with your Guardian or a Guardian ad litem as necessary to fulfill his/her court assigned duties as authorized by Court orders.

- **DCYF/CPS/APS:** If reporting possible abuse, information about the victim must be shared to facilitate the investigation.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

5. TO ASK FOR HELP OR COMPLAIN

If you have questions, want more information, or want to report a problem about the handling of your medical information, you may contact the Behavioral Health Advocate Services at 1-800-366-3103 or the Salish BH-ASO Privacy Officer at 1-800-525-5637 or 360-337-7050.

If you believe your privacy rights have been violated, you may file a grievance with the assistance of the Behavioral Health Advocate for the Salish Region at 360-481-8833 (salish@obhadvocacy.org); or Privacy Officer at Salish Behavioral Health Administrative Services Organization, 614 Division Street MS-23, Port Orchard, WA 98366-4676. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

We respect your right to file a grievance with us or a complaint with the Secretary of Health and Human Services. If you choose to take this action, we will not retaliate against you.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: HIPAA BREACH NOTIFICATION REQUIREMENTS

Policy Number: PS906

Effective Date: 1/1/2020

Revision Dates: 4/30/2026

Reviewed Date: 10/15/2020; 3/15/2023; 4/1/2025

Executive Board Approval Dates: 11/20/2020

PURPOSE

Breach notification regulations, issued in August 2009, implement section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act by requiring HIPAA Covered Entities and their Business Associates to provide notification following a breach of unsecured protected health information. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) in an effort to be compliant with the Privacy Rules of Health Insurance Portability and Accountability Act's (HIPAA) Administrative Simplification provisions, sets out in this policy, rules regarding notification in the case of a breach.

POLICY

The SBH-ASO adheres to and requires its Business Associates to comply with HIPAA notice requirements to individuals whose unsecured PHI has been impermissibly accessed, acquired, used, or disclosed as well as the notification requirements to the U.S. Department of Health and Human Services. Additionally, the SBH-ASO complies with the HCA BH-ASO breach notification requirements.

DEFINITIONS

Breach: Any unauthorized acquisition, access, use, or disclosure of protected health information will be considered a breach unless the Covered Entity (CE) or Business Associate (BA) can show the chance of protected health information being compromised is low. The SBH-ASO will use the four factor aids listed to determine whether Protected Health Information (PHI) has been compromised to the extent necessary to be considered and reported as a breach.

1. the identity of the person to whom the PHI was disclosed to

2. if the PHI was acquired or viewed
3. the actual content of the PHI e.g. identifying factors
4. how the risk of disclosure of PHI has been mitigated

For the purposes of this definition “compromises the security or privacy of the protected health information” means that it poses a risk of financial, reputational, or other harm to the individual. A use or disclosure of protected health information that does not include any of the following identifiers does not compromise the security or privacy of the protected health information:

- Names
- Date of Birth
- Zip Code
- Postal address information, other than town or city, and State
- Telephone numbers
- Fax numbers
- Electronic mail addressee
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account number
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate number
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images

Breach excludes:

- Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of SBH-ASO, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under SBH-ASO HIPAA Privacy and Security policies.

- Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under SBH-ASO HIPAA Privacy and Security policies.

- A disclosure of protected health information where SBH-ASO has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Unsecured protected health information: means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111–5 on the HHS Web site, which is updated annually. The HHS Web site address for this guidance is: https://www.hhs.gov/hipaa/for-professionals/breach-notification/guidance/index.html.

PROCEDURE

1. **Discovery of a Breach**: Workforce members who believe an individual's PHI has used or disclosed in any way that compromises the security or privacy of that information will immediately notify the SBH-ASO Privacy Officer, verbally or in writing.

   Following a discovery of any potential breach, the SBH-ASO Privacy Officer shall begin a thorough investigation. If the PHI is determined to have been compromised to the extent of a breach, the SBH-ASO will notify each individual whose unsecured protected health information has been, or is reasonably believed by the covered entity to have been, accessed, acquired, used, or disclosed as a result of such breach.

   A breach shall be treated as discovered the first day on which it is known, or if by exercising reasonable diligence it would have been known to any staff person of the SBH-ASO.

2. **Breach Investigation**: SBH-ASO Privacy Officer is responsible for the management of the HIPAA breach investigation and coordinating with SBH-ASO and Business Associate staff, as necessary. All SBH-ASO and Business Associate staff who were directly involved in the potential breach are expected to complete the SBH-ASO risk assessment, with the assistance of the SBH-ASO Privacy Officer as needed. As the principal investigator, the SBH-ASO Privacy Officer will be the facilitator of all breach notification processes.

3. **Risk Assessment**: For breach response and notification purposes, a breach is presumed to have occurred unless the SBH-ASO can demonstrate there is a low probability that the PHI has been compromised on, at a minimum , the following risk factors:

   a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification. Consider:
      i. Social security or Provider One numbers
      ii. Identifying clinical details, diagnosis, treatment, and medications
      iii. Demographic information
   b. The unauthorized person who used the PHI or to whom the disclosure was made.

i. Does the unauthorized person have obligations to protect the PHI's privacy and security?
ii. Does the unauthorized person have the ability to re-identify the PHI?

c. Whether the PHI was actually acquired or viewed.
   i. Does analysis of a stolen and recovered device show that PHI stored on the device was never accessed?
d. The extent to which the risk to the PHI has been mitigated.
   i. Can the SBH-ASO obtain the unauthorized person's satisfactory assurances that the PHI will not be further used or disclosed and will be destroyed?

The evaluation should consider these factors, or more, in combination to determine the overall probability that PHI has been compromised. The risk assessment should be thorough and completed in good faith, and the conclusions should be reasonable.

Based on the outcome of the risk assessment, SBH-ASO Privacy Officer will determine the need to move forward with breach notification. The Privacy Officer must document the risk assessment and the outcome of the risk assessment process.

4. **Notification – Health Care Authority**: SBH-ASO shall notify the HCA of a compromise within five (5) business days of discovery. At HCA's request SBH-ASO will coordinate its investigation and notifications with HCA and the Office of the State of Washington Chief Information Officer (OCIO), as applicable. SBH-ASO shall notify HCA in writing within two (2) business days of determining notification must be sent to non-Medicaid individuals. At HCA's request SBH-ASO will provide draft Individual notification to HCA at least five (5) business days prior to notification and allow HCA an opportunity to review and comment on the notifications. If the SBH-ASO does not have full details regarding the potential breach, it will report what is available, and then provided full details within fifteen (15) business days of discovery.

5. **Notification – Managed Care Organization:** SBH-ASO shall notify the assigned Managed Care Organization's Compliance Officer of any actual or potential breach within seventy-two (72) hours after SBH-ASO discovers such actual or potential breach.

6. **Notification to Affected Individual(s):** If it is determined that breach notification must be sent to affected individuals, a standard breach notification letter (as modified for the specific breach) will be sent to all affected individuals. The SBH-ASO also has the discretion to provide notification following an impermissible use or disclosure of PHI without performing a risk assessment, if deemed appropriate.

a. **Content of Notification**: Notice to affected individuals shall be written in plain language and must contain the following information:
    i. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
    ii. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
    iii. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
    iv. A brief description of what the covered entity involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and
    v. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.
b. **Timeliness of notification:** Except when there is a law enforcement delay as described in section 8 below, Law Enforcement Delay, SBH-ASO shall provide the notification to the affected individual(s) without unreasonable delay, and in no case later than 60 calendar days after discovery of the breach.
c. **Methods of notification**: Written notification shall be provided by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail.
    i. In the case in which there is insufficient or out of date contact information that precludes written notification to the individual, a substitute form of notice reasonably calculated to reach the individual shall be provided:
        1. If there are fewer than 10 individuals for whom there is insufficient or out of date contact information the substitute notice may be provided by an alternative form of written notice, telephone, or other means.
        2. If there are 10 or more individuals for whom there is insufficient or out of date contact information for 10 or more individuals the substitute notice shall:
            - Be in the form of either a conspicuous posting for a period of 90 days on the home page of the SBH-ASO Web site, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and
            - Include a toll-free phone number that remains active for at least 90 days where an individual can learn

whether the individual's unsecured protected health information may be included in the breach.

ii. If SBH-ASO determines that imminent misuse of unsecured protected health information is present and that disclosure to affected individuals is urgent, then SBH-ASO may provide information to individuals by telephone or other means, as appropriate, in addition to all other requirements in this policy.

iii. If the individual is deceased, the written notification shall be made to either the next of kin or personal representative if SBH-ASO has the address of the next of kin or personal representative, unless there is insufficient or out of date contact information for the next of kin or personal representative.

iv. When a breach of unsecured protected health information involves more than 500 individuals as long as the 500 affected individuals are all residents of Washington State, SBH-ASO shall notify prominent media outlets serving affected residents, such as local newspapers, in addition to the individual notification as described in this policy.

7. **Notification – U.S. Department of Health and Human Services**: Following the discovery of a breach of unsecured protected health information, SBH-ASO shall notify the Secretary.
    a. If the breach involves 500 or more individuals, SBH-ASO shall provide notice to the Secretary at the same time as notice is provided to the affected individuals, and in the manner specified on the HHS Web site.
    b. If the breach involves less than 500 individuals, SBH-ASO shall maintain a log or other documentation of such breaches and, not later than 60 days after the end of each calendar year, notify the Secretary of the breaches occurring during the preceding calendar year, in the manner specified on the HHS Web site.
    c. The HHS Web site address for Instructions to notify the Secretary is: https://www.hhs.gov/hipaa/for-professionals/breach-notification/breach-reporting/index.html.

8. **Notification – by a Business Associate (BA)**: Unless there is a law enforcement delay as described in this policy, the SBH-ASO requires that all network Contractors and Subcontractors notify the SBH-ASO Privacy Officer in writing of a breach within five (5) business days of discovery, as well as two (2) business days after determining notifications must be sent to individuals. Such notice shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed by the business associate to have been accessed, acquired, used or disclosed during the breach. The BA shall provide SBH-ASO with any other available information that is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available. Upon notification by the BA of discovery of a

breach, the BA will be responsible for notifying affected individuals, HHS, and HCA.

9. **Law Enforcement Delay**: If a law enforcement official states to SBH-ASO that a notification, notice or posting required under this policy would impede a criminal investigation or cause damage to national security, SBH-ASO shall:
    a. Delay such notification, notice, or posting for the time period specified by the official, as long as there is a written statement that specifies the time for which a delay is required.
    b. If the official's communication regarding the criminal investigation or national security threat is made orally, SBH-ASO shall document the statement, include the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described above is submitted during that time.

Monitoring of the above aforementioned Procedures is consistent with the SBH-ASO Provider Network Selection and Management Monitoring Policy.

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name: UTILIZATION MANAGEMENT REQUIREMENTS

Policy Number: UM801

Effective Date: 01/01/2020

Revision Dates: 12/16/2020; 2/24/2022; 5/13/2025; 5/1/2026

Reviewed Date: 07/26/2019; 2/9/2023

Executive Board Approval Dates: 11/1/2019; 1/15/2021; 3/18/2022; 7/17/2025

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, including General Fund State (GFS), Federal Block Grant (FBG), and/or Medicaid funds, 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.

3. Determination of available resources for non-Medicaid individuals.
4. Management of grievance processes.
5. 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.
6. Monitor for over- and under-utilization of services, including Crisis Services.
7. 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), Federal Block Grant (FBG), or Medicaid. 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) 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 monthly Regional Provider Meetings, and quarterly Quality and Compliance Committee 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 UM Staff are supervised by the SBH-ASO Clinical Director. The SBH-ASO Clinical Director and Executive Director are available to UM Staff daily, in person or by telephone.

4. 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.

5. 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.

6. 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.
        i. A passing score is defined as 80% or greater on the interrater reliability exam.
        ii. UM staff that do not meet the passing threshold, complete re-training with the SBH-ASO Clinical Director and are re-assessed within 30 days and must obtain a passing score.

7. Policies and procedures related to UM comply with and require the compliance of subcontractors with delegated authority for UM requirements described in this section.

8. 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.

9. Authorization reviews are conducted by state licensed Behavioral Health Providers with experience working with the populations and/or settings under review.

10. 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).

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. SBH-ASO informs providers in writing the requirements for Utilization Management (UM) decision making, procedure coding, and submitting invoices.

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 maintains a list of board-certified consultants that includes the contact information and makes that list available to UM staff as a reference for contacting those consultants.

4. 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, 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 the utilization management program and 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.

4. Review of Utilization Management Program
The SBH-ASO Leadership Team reviews and evaluates the UM program structure, scope, processes and information sources used to determine benefit coverage and medical necessity no less than on an annual basis.

1. Any necessary changes to the program oversight and structure are memorialized by the SBH-ASO Leadership Team in the appropriate SBH-ASO Utilization Management Policies and Procedures.
2. All updates to SBH-ASO Policies are reviewed and approved by the SBH-ASO Policy & Procedure Committee in accordance with AD101.

Utilization Management Information Integrity
As part of the SBH-ASO data integrity protocols, the SBH-ASO maintains and safeguards information used in the UM decision process. SBH-ASO has the following systems in place to safeguard against inappropriate documentation and updates.

1. The system records:
    a. Date and time the request was submitted
    b. Appropriate practitioner review, including documenting the decision, the staff responsible for that decision, and the date the decision was made.
        i. These fields are completed by the Utilization Management Care Manager conducting the review.
        ii. On completion of the authorization, only authorized SBH-ASO Leadership staff have permission to amend these fields.
    c. Clinical information updates
        i. Only authorized SBH-ASO Leadership and Information Systems staff have system permissions to remove erroneously submitted documents.
            1. When erroneous documents are removed from the UM system, the staff removing the documentation notates this change including the following information:
                a. The date of the change
                b. The staff removing the erroneous documentation
                c. Reason for removal
        ii. SBH-ASO Care Managers may attach additional documents submitted through the authorization and care coordination process.
    d. A copy of any authorization and/or denial notices issued.

2. The Salish Notification and Authorization Program prohibits edits of the remaining fields submitted in notification/authorization requests.

3. The following documentation and updates to utilization management notification and authorization requests are inappropriate:
    a. Falsifying UM dates (e.g., receipt date, appeal decision date, notification date)
    b. Creating documents without performing the required activities
    c. Fraudulently altering existing documents
    d. Attributing review to an individual who did not perform the activity
    e. Updates to information by unauthorized individuals

4. Any inappropriate documentation identified is subject to Kitsap County employee disciplinary actions up to and including termination.
    a. Any individuals found to have made inappropriate documentation to UM information will be placed on a Performance Improvement Plan (PIP) with ongoing document reviews no less than quarterly.

5. If additional updates are determined to be necessary prior to authorization determination, the SBH-ASO Care Manager will notify the submitting facility that the original request will be withdrawn and a resubmission will need to be made due to lack of complete and accurate information necessary to make an authorization decision.

SBH-ASO conducts annual audits of utilization management information integrity documentation. This process includes but is not limited to the following:

1. A qualitative analysis of inappropriate documentation that documents:
    a. Record of findings
    b. Title of UM staff involved in the process.
    c. The cause of each finding.
    d. The title of staff responsible for implementing corrective actions.
    e. Ensuring that annual trainings may not be the only corrective action.
    f. Audits the effectiveness of the corrective actions on findings 3-6 months after the completion of the annual audit.
2. Reporting findings to the SBH-ASO Leadership Team and the Internal Quality Committee.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER • Acute Psychiatric Inpatient • Evaluation and Treatment • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital • Secure Withdrawal Management * INDIVIDUALS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.	**No,** if ITA. ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day. **Yes**, if Voluntary. Voluntary Admission requires prior authorization.*	**A. <u>Involuntary ITA Certification:</u>** 1. **Initial:** Submission of *SBH-ASO Notification/Authorization Request Form* for ITA treatment services to include admission documents and court order. ITA certification limited to court date plus one (1) day, not to exceed 8 days. 2. **Continued Stay:** Submission of *SBH-ASO Notification/Authorization Request Form* 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. 3. **Retrospective Review:** Hospital submits *SBH-ASO Notification/Authorization Request Form* for ITA retrospective review and required documents. **B. <u>Mental Health Voluntary</u>** 1. **Prospective/Initial Review:** Submission of *SBH-ASO Notification/Authorization Request* Form for Voluntary Inpatient treatment services a. Subject to Eligibility, Medical Necessity, and Availability of Resources. 2. **Continued Stay:** Submission of *SBH-ASO Notification/Authorization Request Form* 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. a. Subject to Eligibility, Medical Necessity, and Availability of Resources.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
CRISIS LINE, CRISIS INTERVENTION, AND CRISIS STABILIZATION IN COMMUNITY SETTING 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.	**No**	**N/A**
WITHDRAWAL MANAGEMENT (IN A RESIDENTIAL SETTING) • ASAM 3.7 WM • ASAM 3.2 WM *IF INDIVIDUAL IS ADMITTED UNDER ITA, SEE ABOVE ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER	**No,** if Emergent – requires notification only within 24 hours followed by concurrent review within one business day. **Yes**, if planned – requires prior authorization and concurrent review to determine continued stay. *Initial: 3-5 days*	**A. Emergent* Admission:** 1. **Notification:** Submission *SBH-ASO Notification/Authorization Request Form* for Withdrawal Management. a. All services delivered are subject to Eligibility, Medical Necessity, and Availability of Resources. 2. **Continued Stay**: Facility submits *SBH-ASO Notification/Authorization Request Form* 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. **B. Planned Admission:** 1. **Prospective Review**: *SBH-ASO Notification/Authorization Request Form* for Withdrawal Management. a. Subject to Eligibility, ASAM, Medical Necessity, and Availability of Resources. ** 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&P Level of Care for details of Emergent Admission.*

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY Services provided to individuals who are experiencing a behavioral health crisis. • 24 hours per day/ 7 days per week availability. • Services may be provided prior to intake evaluation. • Service provided in a facility licensed by DOH and certified by DBHR or in a home-like setting, or a setting that provides for safety of the person and the mental health professional. • Service is short term and involves face-to-face assistance with life skills training and understanding of medication effects. • Service provided as follow up to crisis services; and to other persons determined by mental health professional to be in need of additional stabilization services • Additional mental health or substance use disorder services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.	**No,** requires notification only within 24 hours of admit.	A. **Admission:** 1**. Notification:** Submission *SBH-ASO Notification/Authorization Request Form*. a. Non-Medicaid services are subject to the availability of resources. 2. **Continued Stay:** Facility submits *SBH-ASO Notification/Authorization Request Form* including clinical update within one (1) business day prior to expiration of current authorization period. a. All services delivered are subject to Eligibility and Medical Necessity b. Non-Medicaid services are subject to the availability of resources.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
RESIDENTIAL TREATMENT • MH Residential • ASAM 3.1 • ASAM 3.3 • ASAM 3.5	**Yes –** requires prior authorization and concurrent review to determine continued stay. ***MH-** *up to 30 days for initial authorization depending on medical necessity.* ***SUD-*** *ASAM 3.5 – up to 15 days for initial authorization depending on medical necessity.* *ASAM 3.3 – up to 30 days for initial authorization depending on medical necessity.* *ASAM 3.1 – up to 30 days for initial authorization depending on medical necessity.*	**A. <u>Prior Authorization:</u>** 1. **Prospective Review:** *SBH-ASO Notification/Authorization Request Form*. a. Subject to Eligibility, Medical Necessity and Availability of Resources. 2. **Continued Stay:** a. *SBH-ASO Notification/Authorization Request Form* three (3) business days prior to expiration of current authorization period. b. Subject to Eligibility, Medical Necessity and Availability of Resources. **1. Retrospective Review:** a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
OUTPATIENT STANDARD PROGRAM Service modalities delivered in accordance with Outpatient Behavioral Health Treatment. Including: • Brief Intervention Treatment • Day Support • Family Treatment • Group Treatment Services • High Intensity Treatment • Individual Treatment Services • Medication Monitoring • Medication Management • Peer Support • Therapeutic Psychoeducation • Case Management • Opiate Treatment Program • SUD Outpatient Treatment	**No** – prior authorization is not required.	**N/A**
INTAKE/ASSESSMENT SERVICE	No - Prior authorization is not required.	**N/A**

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES - PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)	**No** – prior authorization is not required.	**N/A**
PSYCHOLOGICAL ASSESSMENT AND/OR PSYCHOLOGICAL TESTING	**Yes.** 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 meeting funding source contract requirements,, 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.

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name: NOTICE REQUIREMENTS **Policy Number:** UM802

Effective Date: 1/01/2020

Revision Dates: 2/24/2020; 2/23/2021; 5/1/2026

Reviewed Date: 7/12/2019; 1/27/2023; 4/29/2025

Executive Board Approval Dates: 11/1/2019

PURPOSE

To ensure notices regarding Individuals' services are provided in a manner that gives timely, clear, and easily understood information to Individuals seeking and receiving behavioral health services.

DEFINITIONS

Adverse Authorization Determination means the denial or limited authorization of a requested Contracted Service for reasons of medical necessity (see Notice of Action) or any other reason such as lack of available resources.

Notice of Action means a written notice that must be provided to an Individual to communicate denial or limited authorization of a non-Medicaid service offered by Salish Behavioral Health Administrative Services Organization (SBH-ASO) based on medical necessity (a decision not to authorize due to lack of available resources is not considered a medical necessity decision).

POLICY

SBH-ASO has a notice process in place for services. SBH-ASO is responsible for sending notices of authorization and notices of a denial, reduction, termination, or suspension of services based on Level of Care Guidelines. This policy and procedure delineates the timeframes for notices and the information that must be included in the notice.

PROCEDURE

Timeframes for Authorization Decisions

1. SBH-ASO must provide a written Notice of Adverse Authorization

Determination (including Actions) to the Individual, or their legal representative, and the requesting provider, if a denial, reduction, termination, or suspension occurs. SBH-ASO adheres to the requirements set forth in this document under Notification of Coverage and Authorization Determination.

2. SBH-ASO is required to acknowledge receipt of a standard authorization request for behavioral health inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.

3. SBH-ASO provides the following timeframes for authorization decisions and notices:

   a. For denial of payment that may result in payment liability for the Individual, at the time of any Action or Adverse Authorization Determination affecting the claim.

   b. For termination, suspension, or reduction of previously contracted services, ten (10) calendar days prior to such termination, suspension, or reduction, unless the criteria stated in 42 C.F.R § 431.213 and 431.214 are met.

   c. Standard authorizations for planned or elective service determinations: The authorization decisions are to be made, and any required notices of Adverse Authorization Determinations are to be provided as expeditiously as the Individual's condition requires. SBH-ASO will make a decision to approve or deny within three (3) calendar days, excluding holidays, of the original receipt of the request. If additional information is required, SBH-ASO will request additional information from the provider within one (1) calendar day of the request, SBH-ASO will give the provider four (4) calendar days to submit the information and approve or deny the request within seven (7) calendar days of the receipt of the authorization request.
      i. An extension of up to fourteen (14) additional calendar days is allowed under the following circumstances:
         1. The Individual or the provider requests the extension; or
         2. SBH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.

            a. SBH-ASO documents at least one attempt to obtain the necessary information.
            b. SBH-ASO must notify the individual or the individual's authorized representative of the delay. This notice includes the reason for the decision to extend the timeframe and inform the Individual of the

right to file a grievance if they disagree with that decision.

3. SBH-ASO issues and carries out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.

d. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or the SBH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, SBH-ASO will make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.

i. SBH-ASO will make the decision within one (1) calendar days if the information provided is sufficient; or request additional information within twenty-four (24) hours, if the information provided is not sufficient to approve or deny the request. SBH-ASO will give the Provider twenty-four (24) hours to submit the requested information. If the Provider does not respond to SBH-ASO's request for additional information, SBH-ASO must make an appropriate authorization determination no later than seventy-two (72) hours after receipt of the request.

ii. SBH-ASO may extend the expedited time period by up to ten (10) calendar days under the following circumstances:

1. The Individual requests the extension; or

2. SBH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.

e. Concurrent Review Authorizations: SBH-ASO must make its determination within one (1) business day of receipt of the request for authorization.

i. Requests to extend concurrent care review authorization determinations may be extended to within three (3) business days of the request of the authorization, if SBH-ASO or its delegate has made at least one (1) attempt to obtain needed clinical information within the initial one (1) business day after the request for authorization of additional days or services.

ii. Notification of the Concurrent Review determination shall be made within one (1) business day of SBH-ASO decision.

iii. Expedited appeal timeframes apply to Concurrent Review requests.

f. For post-service authorizations, SBH-ASO makes its determination within thirty (30) calendar days of receipt of the authorization request.

   i. SBH-ASO notifies the Individual and the requesting provider within three (3) business days of SBH-ASO's determination.

   ii. Standard Appeal timeframes apply to post-service denials.

   iii. When post-service authorizations are approved, they become effective the date the service was first administered.

Notification of Coverage and Authorization Determinations

For all authorization determinations the SBH-ASO will notify the Individual, the requesting facility, and ordering provider in writing. SBH-ASO will notify all parties, other than the Individual, in advance whether notification will be provided by mail, fax, or other means.

1. For an authorization determination involving an expedited authorization request, SBH-ASO will notify the Individual in writing of the decision. SBH-ASO may initially provide notice orally to the Individual or the requesting provider. SBH-ASO provides written notification of the decision within one (1) business day of the decision.
2. For all authorization decisions, the notice will be mailed as expeditiously as the Individual’s health condition requires and within three (3) calendar days of the decision.
3. Provide notice at least ten (10) calendar days before the date of Action or Adverse Authorization Determination when the action is a termination, suspension, or reduction of previously authorized services.
4. SBH-ASO will notify the Individual, the requesting provider if applicable, and ordering provider in writing of any decision by the SBH-ASO to deny a service authorization request, or to authorize a service in an amount, duration or scope that is less than requested. This includes, but is not limited to, Adverse Authorization Determinations that occur due to lack of Available Resources, Medicaid payer responsibility, and out of Regional Service Area (RSA) requests. The notice to the Individual and provider shall explain the following:
   a. The decision the SBH-ASO has taken or intends to take, and effective date if applicable.
   b. The specific factual basis for the decision, in easily understood language including citation to any SBH-ASO guidelines, protocols, or other criteria that were used to make the decision and how to access the guidelines, protocols, or other criteria.

c. Sufficient detail to enable the Individual to learn why the SBH-ASO determination was made, be able to prepare an appropriate response, and, if issuing an Action, determine what additional or different information might be provided to appeal the SBH-ASO's determination.

d. If applicable, the notice must include information about alternative covered services/treatment that may be seen as a viable treatment option in lieu of denied services;

e. The individual's and provider's right to request and receive free of charge a copy of the rule, guideline, protocol or other criterion that was the basis for the decision, as well as reasonable access to and copies of all documents, records, and other information relevant to the Adverse Authorization Determination;

f. A statement of whether the Individual has any liability for payment;

g. A toll-free telephone number to call if the Individual is billed for services;

h. Information regarding whether and how the Individual may Appeal the decision, including any deadlines applicable to the process;

i. The circumstances under which expedited resolution is available and how to request it;

j. The Individual's right to receive the SBH-ASO's Ombuds' assistance in filing a Grievance or Appeal and how to request it.

k. The individual's right to equal access to services for Individuals with communication barriers and disabilities;

l. When the reason for the Adverse Authorization Determination is that the Individual has Medicaid coverage for the requested service, the notice must redirect to the appropriate payer.

5. SBH-ASO provides notification in accordance with the timeframes described in this section except in the following circumstances:

   a. The Individual dies;

   b. SBH-ASO has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where

the Individual understands that termination, reduction, or suspension of services is the result of supplying this information);

c. The Individual is admitted to a facility where he or she is ineligible for services.

d. The Individual's address is unknown and there is no forwarding address.

e. The Individual has moved out of SBH-ASO's service area.

f. The Individual requests a change in the level of care.

6. Untimely Service Authorization Decisions: If SBH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination and must follow notification requirements.

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: AUTHORIZATION FOR PAYMENT OF PSYCHIATRIC INPATIENT **Policy Number:** UM803

Effective Date: 1/01/2020

Revision Dates: 3/4/2020; 6/18/2021; 3/15/2024; 3/19/2026

Reviewed Date: 7/26/2019

Executive Board Approval Dates: 11/1/2019; 5/22/2020; 7/30/2021; 6/21/2024

PURPOSE

To provide a standardized Utilization Management (UM) protocol for inpatient psychiatric services provided to Individuals funded through General Fund State (GFS).

POLICY

Psychiatric Inpatient options are for individuals who require 24-hour supervision and psychiatric/medical services. Length-of-stay is determined on an individual basis with an emphasis placed on transitioning individuals to more independent settings or returning them to their previous settings.

PROCEDURE

INPATIENT PSYCHIATRIC HOSPITAL LEVEL OF CARE CRITERIA

Case-specific UM review decisions maintain the following Level of Care Guidelines for making authorizations and continued stay and discharge determinations:

1. In addition to the definition in WAC 182-500-0070, Medically Necessary also includes the following:
    a. Ambulatory care resources available in the community do not meet the psychiatric treatment needs of the individual; AND
    b. Proper treatment based on the acuity of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician (according to WAC 246-322-170); AND

c. Services can reasonably be expected to improve the individual's level of functioning or prevent further regression of functioning; AND

d. The individual has been diagnosed as having an emotional/behavioral disorder or a severe psychiatric disorder and warrants voluntary extended care in the most intensive and restrictive setting; OR

e. The individual was evaluated and met the criteria for emergency involuntary detention (RCW 71.05 or 71.34) but agreed to inpatient care. Approved (ordered) by the professional in charge of the hospital or hospital unit; and

2. Certified or authorized by the Salish BH-ASO.

Involuntary inpatient psychiatric care must be in accordance with the admission criteria specified in RCW 71.05 and 71.34.

Services will be provided that are:

1. Culturally and linguistically competent;
2. Working towards recovery and resiliency; and
3. Appropriate to the age and developmental stage of the individual.

PROVIDER REQUIREMENTS

SBH-ASO pays for inpatient psychiatric care, as defined in WAC 246-320 and 246-322, only when provided by one (1) of the following Department of Health (DOH) licensed hospitals or units:

1. Free-standing psychiatric hospitals determined by the Health Care Authority (HCA) to meet the federal definition of an Institution for Mental Diseases (IMD), which is: "a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases, including medical attention, nursing care and related services".

2. Medicare-certified, distinct psychiatric units, or State-designated pediatric psychiatric units.

3. Evaluation and Treatment Centers licensed by DOH.

4. In addition to DOH licensure, hospitals providing involuntary hospital inpatient psychiatric care must be certified in accordance with WAC 246-341-1133 and 246-341-0365.

CONSENT FOR TREATMENT

Individuals 18 years of age and older may be admitted to voluntary treatment only with the individual's voluntary and informed written consent, a properly executed advance directive that allows for admission when the individual is unable to consent, or the consent of the individual's legal representative when appropriate.

Individuals 13-17 years of age may be admitted to treatment only with the permission of:

1. The minor and the minor's parent/legal guardian; or
2. The minor without parental consent; or
3. The minor's parent/legal guardian without the minor's consent (Family-Initiated Treatment [FIT]). (For Utilization Management purposes FIT authorization requests will handled via the involuntary treatment services authorization process.)

Individuals 12 years of age and under may be admitted to treatment only with the permission of the minor's parent/legal guardian.

AUTHORIZATION REQUIREMENTS FOR VOLUNTARY INPATIENT HOSPITAL PSYCHIATRIC CARE

1. The hospital must obtain authorization for payment from SBH-ASO for all inpatient hospital psychiatric stays when the SBH-ASO is the primary payer. Hospitals must request authorization prior to voluntary admission.
2. A Prospective Authorization Request must be completed within 24-hours of a change in legal status from ITA to voluntary.
3. SBH-ASO will require submission of clinical data for authorization of services from the admitting facility.
4. Authorization is dependent on the Individual meeting medical necessity criteria, financial eligibility, and is within available resources.

TIMEFRAMES FOR AUTHORIZATION DECISIONS

Prospective Authorization Requests – Voluntary Admissions

1. Initial Requests
    a. Prospective Authorization is required before admission for all admissions that would be funded solely or partially by non-

Medicaid, including planned admissions coordinated by the Individual's provider network.

b. SBH-ASO is required to acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.

c. SBH-ASO will provide written notification to the individual and facility of the decision within 72 hours.

SBH-ASO will provide a written Notice of Action to the individual, or their legal representative, if a denial occurs based on medical necessity. SBH-ASO will provide a written Notice of Adverse Authorization Determination to the individual, or their legal representative, if a denial occurs based on lack of available resources, financial eligibility, and/or residency within the Salish Service Area.

2. Length-of-Stay – Concurrent Review

   a. Unless SBH-ASO specifies otherwise, hospitals must submit requests for extension reviews at least by the preceding business day prior to the expiration of the authorized period.

   b. Length-of-stay extension determinations will be made within one (1) business day from the request and authorized for three (3) to five (5) days depending on clinical presentation. Once given, inpatient authorizations are not terminated, suspended, or reduced.

   c. For hospital providers requesting prior authorization for length-of-stay extensions, requests must be submitted during regular business hours.

   d. The authorization decision is documented by SBH-ASO staff and provided to the hospital within three (3) business days of the authorization, unless the hospital requires receipt of the written authorization determination prior to continuation of the stay.

3. If the required clinical information is not received by SBH-ASO to construct an authorization record, the request will be categorized as withdrawn.

Post-Service Authorization Requests

Requests for post-service authorizations (retrospective) will be considered only if the Individual becomes eligible for non-Medicaid assistance after admission or the hospital was not notified of or able to determine eligibility for non-Medicaid funding. Voluntary psychiatric hospital retrospective requests will not be accepted.

1. For post-service authorizations, SBH-ASO will make its determination within 30 calendar days of receipt of the authorization request.

2. SBH-ASO will notify the Individual and the requesting provider within two (2) business days of the post-service authorization determination.
3. When post-service authorizations are approved, they become effective the date the service was first administered.

Peer-to-Peer Clinical Reviews

SBH-ASO will ensure any decision to authorize or deny any requested services must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. A physician board-certified or board-eligible in General Psychiatry must conduct all inpatient level of care actions for psychiatric treatment.

Involuntary Psychiatric Admissions

Involuntary admissions occur in accordance with the Involuntary Treatment Act (ITA), RCW 71.05 and 71.34; therefore, no consent is required. Authorizations are done to facilitate claims submissions and are not based on Medical Necessity but rather the legal status. Only Individuals 13 years of age and older may be subject to the provisions of these laws. If the Individual has an authorized representative, the representative also authorizes services that are provided to Individuals detained under ITA law when the Individual either refuses to apply for, or does not qualify for, any Apple Health program. These inpatient stays are paid for with state funds:

1. Notification of Initial ITA admissions shall be directed to SBH-ASO.
2. Submitting Initial ITA notification will be conducted by the hospital and/or by the Designated Crisis Responder (DCR).
3. Initial ITA notifications for Individuals in the Salish Regional Service Area are provided an initial certification within two (2) hours of receipt.
4. Required clinical information will be provided by the hospital within 72 legal hours of admission.
5. SBH-ASO will conduct a review of submitted information and provide authorization within one (1) business day of receipt.
6. Facilities providing Involuntary treatment and provided certification must submit an Authorization Extension Request for Continued Inpatient Psychiatric Care form one (1) business day before the expiration of the previously authorized days (WAC 182-550-2600).
7. Salish BH-ASO cannot deny extension requests for Individuals who are detained in accordance with the ITA unless another Less Restrictive Alternative (LRA) is available. Any less restrictive placement would need

to be ITA certified and the court would need to change the detention location.

8. Individuals on a continuance will be reviewed for continued care every seven days until next court date or placement. Individuals awaiting placement at Western State Hospital (WSH), Eastern State Hospital, or Long-Term Community Care Facilities will be granted a length-of-stay extension until admission to WSH.
9. Requests for Individuals whose legal status changes from involuntary to voluntary, will be reviewed by UM and authorized or denied depending upon clinical presentation, financial eligibility, and within available resources.

Single Bed Certifications

Involuntary inpatient psychiatric care for Single Bed Certifications must be in accordance with the admission criteria specified in statute.

The provided funding does not cover non-behavioral health medical care.

The coded service is 01X4 for the bedded services. This does not include placement in an emergency department bed.

Care needs will be reviewed by the Clinical Director and/or Medical Director to determine the SBC meets minimum criteria. Information needed for this review includes:

1. Admission documents to include nursing assessment, psychosocial assessment, admitting history and physical
2. Medical attending daily documentation
3. Documentation of daily behavioral health services delivered by a mental health professional
4. Social Work behavioral health documentation
5. Treatment Plan
6. Discharge Summary including transfer or after care plans

Changes in Status

Changes in the Individual's status including legal or principal diagnosis, should be directed to SBH-ASO within 24 hours of the change of status.

If the Individual is to be transferred from one hospital to another hospital for continued inpatient psychiatric care, the request for certification and prior authorization must be submitted before the transfer.

SBH-ASO will respond within two (2) hours and make any authorization determinations within 12 hours.

Discharge Notification

1. Hospitals are expected to work toward discharge beginning at admission.
2. Hospitals are required to provide discharge notification and clinical disposition within seven (7) business days of discharge in order for SBH-ASO to close out the authorization record.

Alien Emergency Medical

The SBH-ASO shall serve as the point of contact for inpatient community psychiatric admissions for undocumented aliens to support HCA Alien Emergency medical (AEM) Program.

1. The treating facility shall establish if the Individual is an undocumented alien, possibly qualifying for the AEM program, and reach out to the SBH-ASO to facilitate submission of an AEM eligibility segment request to the HCA via the ProviderOne system.

2. SBH-ASO shall receive the admission notification for ITA admissions and make medical necessity determinations for voluntary psychiatric admissions.

3. SBH-ASO staff are trained and qualified in HCA's ProviderOne system to complete the direct data entry prior authorization request screen, completing all required fields and recording the clinical information required through the ProviderOne provider portal within five (5) working days of notification. The required data and clinical information includes, but not limited to:
    a. The Individual's name and date of birth;
    b. The hospital to which the admission occurred;
    c. If the admission is an ITA or voluntary;
    d. The diagnosis code;
    e. The date of admission;
    f. The date of discharge;
    g. The number of covered days, with dates as indicated;
    h. The number of denied dates, with dates as indicated; and
    i. For voluntary admissions, a brief statement as to how the stay met medical necessity criteria.

4. If the information has not been submitted completely, SBH-ASO has five (5) working days to respond to inquiries for the designated HCA staff to obtain the information necessary to support completion on the prior authorization request record.

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name: CRISIS STABILIZATION SERVICES **Policy Number:** UM805

Effective Date: 1/1/2020

Revision Dates: 3/12/2020; 10/29/2020; 4/8/2024; 5/13/2025; 4/30/2026

Reviewed Date: 7/30/2019; 2/23/2021

Executive Board Approval Dates: 11/1/2019; 11/20/2020; 6/21/2024; 7/17/2025

PURPOSE

The purpose of this policy is to support the provision of Crisis Stabilization Services to individuals in the Salish region for Medicaid eligible individuals and within available resources for non-Medicaid individuals.

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. The provision of these services is subject to eligibility and medical necessity review for continued stay as appropriate.

PROCEDURE

A. The following are required 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 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. Expected 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.

Utilization Management

Crisis Stabilization in Community Setting
Crisis stabilization services rendered in-home or in other community settings, post crisis intervention service, do not require prior authorization.

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 for non-Medicaid individuals 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. Certification is provided for up to five (5) days

1. Facility-based Continued Stay Review Requests:
   a. Prior Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are in accordance with CL203 Levels of Care.

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

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.
      Coordination with MCOs for Medicaid enrollees as appropriate.

MONITORING

Monitoring of these expectations are in accordance with SBH-ASO Policy AD102.

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name: ACCESS TO RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT SERVICES	**Policy Number:** UM809
Effective Date: 1/1/2020	
Revision Dates: 5/14/2020; 03/19/2026	
Reviewed Date: 7/30/2019; 5/9/2024	
Executive Board Approval Dates: 1/15/2021	

PURPOSE

To provide direction for appropriate utilization of residential Substance Use Disorder (SUD) treatment (ASAM 3.5, 3.3, and 3.1) in accordance with medical necessity, financial eligibility, and within available resources.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) provides access to SUD residential treatment services for Individuals residing in the Salish Regional Service Area (RSA) for whom a residential SUD level of care is deemed medically necessary as determined by a Substance Use Disorder Professional (SUDP) and/or a Substance Use Disorder Professional Trainee (SUDPT) under the supervision of a SUDP. Prior authorization is required.

The SBH-ASO requires that Residential Treatment Providers ensure that priority admission is given to the populations identified in the HCA BH-ASO contract.

SBH-ASO maintains a provider network of contracted SUD Residential Behavioral Health Agencies (BHA) to ensure network adequacy and access for Individuals in the SBH-ASO. SBH-ASO provides single-case agreements on a case-by-case basis for specialized services with non-contracted providers.

SUD Residential Treatment Services provided by a Residential Treatment Facility (RTF) licensed by the Department of Health (DOH) that provides 24-hour evaluation, stabilization, and treatment services for Individuals. Individuals cannot be required to relinquish custody of minor children in order to access residential treatment services.

1. Adult Intensive inpatient services provide a concentrated program of SUD treatment, individual and group counseling, education and related activities, including room and board, in a 24-hour per day supervised

facility in accordance with WAC 246-341. This level of SUD treatment satisfies the level of intensity in the American Society of Addiction Medicine (ASAM) Level of Care 3.5.

2. Adult Long-Term Care services provide for the care and treatment of those with diagnosed SUD and impaired self-maintenance capabilities. Services include a concentrated program of SUD treatment, individual and group counseling, education, vocational guidance counseling, personal care services and related activities, including room and board, in a 24-hour per day supervised facility in accordance with WAC 246-341. The service as described satisfies the level of intensity in ASAM Level of Care 3.3.
3. Adult Recovery House services offer a program of care and treatment with social, vocational, and recreational activities designed to aid Individuals with diagnosed SUD adjust to abstinence and transition to the community in a 24-hour per day supervised facility in accordance with WAC 246-341. Room and board is included. The service as described satisfies the level of intensity in ASAM Level of Care 3.1.
4. Adult Pregnant and Parenting Women (PPW) services offer an enhanced curriculum for PPW and their children under age 6. Services may include a focus on linkages to, and consistent care for, prenatal and postpartum medical care, infant and children well child medical care, therapeutic child care, family management, child development, parenting skills, mental health issues, domestic violence, childhood sexual abuse, employment skills and education, legal advocacy, and safe affordable housing; room and board is included. This SUD treatment as described satisfies the level of intensity in ASAM Levels 3.5 or 3.3.
5. Adult Co-Occurring treatment services offer enhanced services for Individuals diagnosed with both mental health and SUD. Program goals, policies, procedures, treatments, support services, and discharge practices reflect a program design specifically intended for the co-occurring population. A multidisciplinary staff of mental health, SUD, and medical professionals provide individual and group counseling, medication treatment and monitoring, psychoeducation, and case management; room and board is included. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.3.
6. Youth Intensive Inpatient services are designed for youth with primary SUD problems and/or co-occurring mental health and SUD problems. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.5.
7. Youth Recovery House services are for youth who require continued but less intensive treatment services because they are not ready to return home or for whom home is not a safe, supportive environment. The focus of treatment is long-term recovery, community support, and improvement

in major life competencies. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.1.

PROCEDURE

Prior authorization is required for all SUD Residential level of care. Initial authorization requests may be made for Salish RSA financially eligible Individuals by SBH-ASO SUD outpatient providers, SBH-ASO withdrawal management (WM) providers, and the hospital-based Chemical Using Pregnant (CUP) facilities. Authorization requests are submitted electronically and are acknowledged upon receipt. Authorization decisions are provided within five (5) calendar days of receipt of complete prior authorization requests.

1. When an SBH-ASO contracted hospital-based CUP facility or BHA that provides SUD outpatient (OP) or WM services has diagnosed an Individual with an SUD disorder by an SUDP according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), such that the Individual meets the ASAM level of care that indicates SUD residential level of care, and determines that an Individual is in need of residential treatment and would benefit according to medical necessity under WAC 182-500-0070, the BHA is responsible to:

    a. Assure agreement from the Individual to enter residential treatment.
    b. Arrange an admittance date for the Individual at an SBH-ASO contracted SUD residential facility:
        i. Contact the residential facility and follow the residential facility process for arranging an admission date for the Individual and provide all requested information.
        ii. Determine the residential facility and date of admission meet the Individual’s needs.

    c. Request initial authorization for residential level of care from SBH-ASO:
        i. Submit an SBH-ASO Notification and Authorization request as soon as possible prior to the expected admission date and a maximum of 14 days prior to the expected admission date;
        ii. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization, including obtaining a Release of Information that authorizes the requesting entity to submit the authorization request.

    d. Notify the residential facility of the initial authorization of services by providing the residential facility in writing with:

        i. The SBH-ASO authorization number, and
        ii. The Individual’s name, the Individual’s birth date, authorized length-of-stay, and expected admit date as scheduled.

e. Assist the Individual with life arrangements to enter residential treatment and transportation arrangements to the residential facility as is needed by the Individual;
f. Maintain contact with the residential facility while the Individual is receiving services for the purposes of discharge planning and continuity of care;
g. If the Individual is not returning to the referring OP SUD BHA for OP SUD services, the referring OP SUD BHA will attempt to assist the Individual and the residential SUD BHA in making arrangements for care at another SUD BHA.

2. SBH-ASO will notify in writing the Individual requesting services of the authorization request. If the request is denied based on the level of care guidelines (an Action), the credential of the licensed clinician making the decision must be at least equal to that of the recommending clinician. The Individual will be notified in writing within 72 hours of decision. All Actions will be reviewed by a physician board-certified or board-eligible in Addiction Medicine.

3. If an adolescent is brought to a residential facility by a parent or under the auspices of a Washington State entity such as the Department of Children, Youth, and Families, the adolescent resides in the Salish RSA, and the residential facility communicates directly with an SBH-ASO Care Manager about the circumstances and need for authorization, then the SBH-ASO will request a copy of the residential facility assessment materials including ASAM dimensions completed by an SUDP that determined the adolescent meets , ASAM residential level of care, medical necessity, and financial eligibility criteria.

   a. SBH-ASO will review the assessment materials, including financial eligibility criteria for SUPTRS (Substance Use of Prevention Treatment and Recovery Services).
   b. SBH-ASO will provide the initial authorization decision directly to the residential facility in these cases that meet ASAM level of care, medical necessity, financial eligibility and within available resources.
   c. The residential facility will work with the parent and/or Washington State entity to develop the continuity of care plan to ensure the adolescent is actively connected with ongoing care when he/she returns to their home community as part of the prior discharge planning.

4. Efforts to get an Individual’s funding status changed from non-Medicaid to Medicaid should also commence upon admission.
5. The SUD residential facility is responsible to electronically request the continuing stay/re-authorization 10 business days prior to the expiration of the initial authorization.
   a. Submit the required information to establish the need for medically necessary continuing stay/re-authorization electronically to SBH-ASO.
   b. SBH-ASO provides a peer-to-peer review of the requested documentation for medical necessity, updated ASAM six (6) dimensions, treatment plan progress and additional goals added subsequently, and additional number

of days individually needed based on the information provided. If it is a subsequent continuing stay request from the residential facility, the documentation must include updates, changes, and progress the Individual has made since the last continuing stay request.

c. If information is missing or lacking, SBH-ASO will contact the facility within five (5) calendar days of the original receipt of the request to provide, prior to response.

d. SBH-ASO will provide a continuing stay/re-authorization to the residential facility based on the documentation indicating medical necessity of services needed at a residential level of care that cannot be met at a less intensive level of care.

e. If the request is denied or reduced amount of time, due to not meeting medical necessity, the decision will be conducted by the SBH-ASO Medical Director. The facility and the Individual will be notified in writing 10 days prior to the reduction or termination of a previous authorization.