



SALISH BHO

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: INTRODUCTION AND MISSION

Policy Number: 1.01

Reference: WAC 388-865-0200 through -0355, 71.24 RCW, 42 CFR, and DSHS Contract

Effective Date: 7/2005

Revision Date(s): 11/2012; 7/2016; 7/2017

Reviewed Date: 7/2016; 7/2017

Approved by: SBHO Executive Board

INTRODUCTION

The Salish Behavioral Health Organization (SBHO) is the prepaid health plan (PHP) that is the single point of responsibility for the delivery of Medicaid behavioral health services in Clallam, Jefferson, and Kitsap Counties. It was established in 2015 and is administered by Inter-local agreement as a division of the Kitsap County Human Services Department. The governance system consists of an Executive Board, who to which is responsible for making all contracting and funding decisions. It is made up of nine County Commissioners, three from each county, one elected tribal representative, and one non-voting member from Olympic Community of Health (Executive Director) and one non-voting representative from the SBHO Advisory Board (Chair). In addition, the region has organized an Advisory Board which advises the Executive Board and the SBHO administration regarding policy and procedures. The Advisory Board is comprised of 15 members (five from each county) and two tribal representatives, with a majority (51%) being consumers or parents or legal guardians of individuals with lived experience with a behavioral health disorder. The SBHO also utilizes an Ombuds program, which is staffed and region-wide, and contracted for through the Dispute Resolution Center of Kitsap County.

The SBHO subcontracts with the following Community Mental Health Providers to deliver mental health services:

East Clallam County: Peninsula Community Mental Health Center
Peninsula Behavioral Health
118 East 8th Street, Port Angeles, WA 98362
(360) 457-0431

West Clallam County: West End Outreach Services - Forks Community Hospital
530 Bogachiel Way, Forks, WA 98331
(360) 374-6177

Jefferson County: Discovery Behavioral Health
884 W. Park (PO Box 565), Port Townsend, WA 98368
(360) 385-0321

Kitsap County: Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton, WA 98311
(360) 405-4010

Kitsap County: Evaluation and Treatment Facilities:

Youth Inpatient Unit---Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton, WA 98311
(360) 377-8583

Adult Inpatient Unit --Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton, WA 98311
(360) 377-8581

The following organizations are contracted with to provide Substance Use Disorder Services:

Clallam County: Cedar Grove – Port Angeles
221 N Race Street, Port Angeles WA 98362
(360) 452-2443

Cedar Grove – Forks
494 S Forks Avenue, Forks WA 98331
(360) 374-5109

Olympic Personal Growth
390 E Cedar Street, Sequim WA 98382
(360) 681-8463

Reflections
3430 E Hwy 101, Ste 3, Port Angeles WA 98363
(360) 452-4062 Specialty Services II
825 E 5th Street, Port Angeles WA 98362
(360) 477-4790

True Star
1912 W 18th Street, Port Angeles WA 98363
(360) 565-2643

West End Outreach
530 Bogachiel Way, Forks WA 98331
(360) 374-5011

Jefferson County: Beacon of Hope/ Safe Harbor
686 Lake Street, Ste 400, Port Townsend WA 98368
(360) 385-3866

Kitsap County: Agape Unlimited
4841 Auto Center Way #101, Bremerton WA 98312
(360) 373-1529

Cascadia-Bountiful Life
2817 Wheaton Way #205, Bremerton WA 98310
(360) 373-0155

Kitsap Mental Health Services
5455 Almira Drive NE, Bremerton WA 98311
(360) 373-5031

Kitsap Recovery Center
1026 Sidney Avenue, Port Orchard, WA 98366
(360) 337-4625

West Sound Treatment Center
1415 Lumsden Road, Port Orchard WA 98367
(360) 876-9430

The following organizations are contracted with to provide Residential Services:

Specialty Services 2 & 3
825 E 5th St, Port Angeles, WA 9836
(360) 477-4790

682 South Cowley Street, Spokane, WA 99202
(509) 624-3227

Kitsap Recovery Center
661 Taylor Street, Port Orchard, WA 98366
(360) 337-4625

Ollala Guest Lodge
12850 Lala Cove Ln SE, Olalla, WA 98359
(253) 857-6201

Pioneer Center North
24961 Thompson Drive, Sedro Wooley, WA 98284
(360) 856-3186

Prosperity Wellness Center
5001 112th St E, Tacoma, WA 98446
(253) 531-2103

Seadragnar Drug & Narcotic Center
10344 14th Ave S
Seattle, WA 98168
(206) 767-0244

SeaMar CHC
113 23rd Avenue S, Seattle, WA 98144
(206) 219-5980

Sundown
2280 State Route 821, Yakima, WA 98901
(509) 457-0990

Triumph Treatment Services
102 South Naches Avenue, Yakima, WA 98901
(509) 248-1800

SBHO MISSION

The Salish Behavioral Health Organization (SBHO) is dedicated to ensuring and continually improving the delivery of quality behavioral health care so that the individuals we serve may better manage their illness, achieve their personal goals, and live, work and participate in their community.

The SBHO stands by the following values:

1. We value individual and family strengths while striving to include their participation and voice in every aspect of care and development of policy and procedures.
2. We value and respect cultural and other diverse qualities of each individual.
3. We value services and education that promote recovery, resiliency, reintegration, and rehabilitation.
4. We work in partnership with allied community providers to provide continuity and quality care.
5. We treat all people with respect, compassion, and fairness.
6. We value the continuous improvement of services.
7. We value flexibility and creativity in meeting the needs of each individual.

The SBHO Guiding Principles include:

1. Consumer needs are #1.
2. Help the most people possible.
3. Keep administrative costs low to maximize direct service dollars.
4. No micro-management approach to network.
5. Effective service provision is a partnership (between the provider and client).
6. Promote a collaborative relationship with providers.

The Advisory Board periodically reviews and updates the SBHO mission statement, guiding principles, and goals.

MISSION OF THIS MANUAL

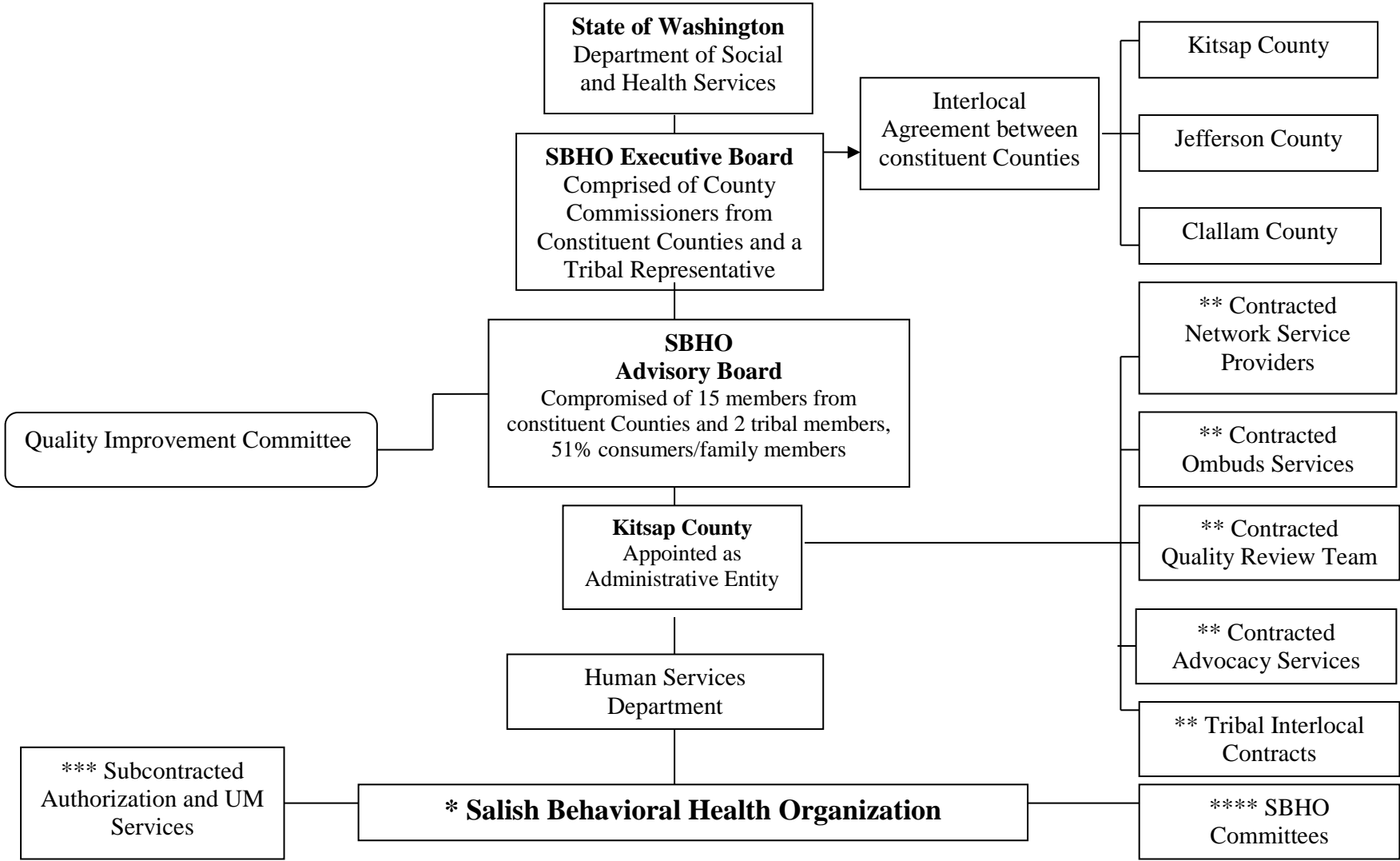
The mission of this manual is provide uniform definitions, information, and procedures for the region in regard to access, treatment level guidelines, outcomes, service provisions, reporting requirements, data collection, marketing, quality management and other required SBHO policies and procedures. This is to ensure consistency among the provider network and subcontractors within the SBHO.

The SBHO does not discriminate and protects against provider discrimination for serving high risk populations, costly treatment, or specializes in conditions that require costly treatment.



SALISH BEHAVIORAL HEALTH ORGANIZATION
Organizational Overview Chart
FY 2017

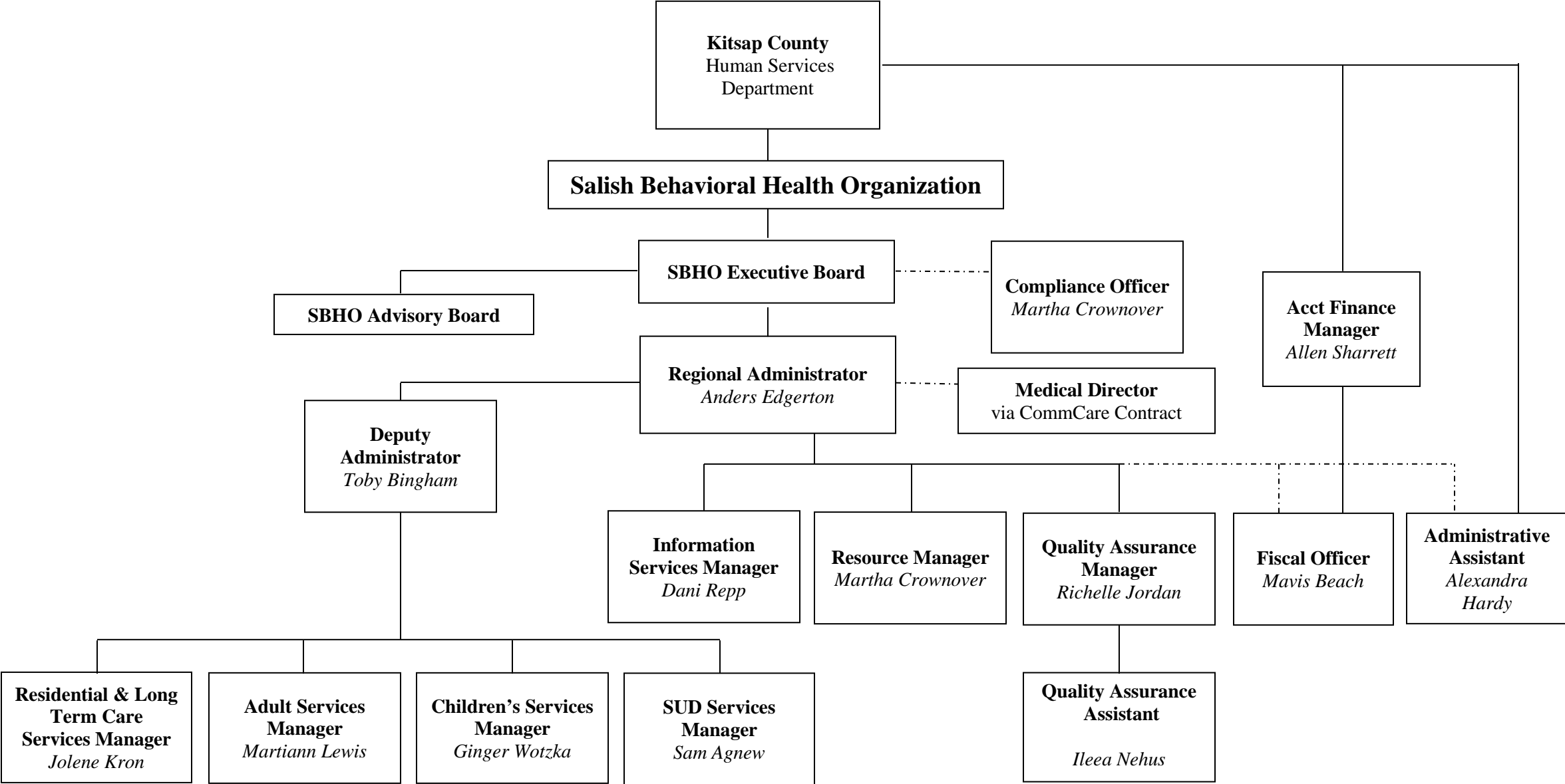
**SALISH BEHAVIORAL HEALTH ORGANIZATION
Organizational Overview Chart**



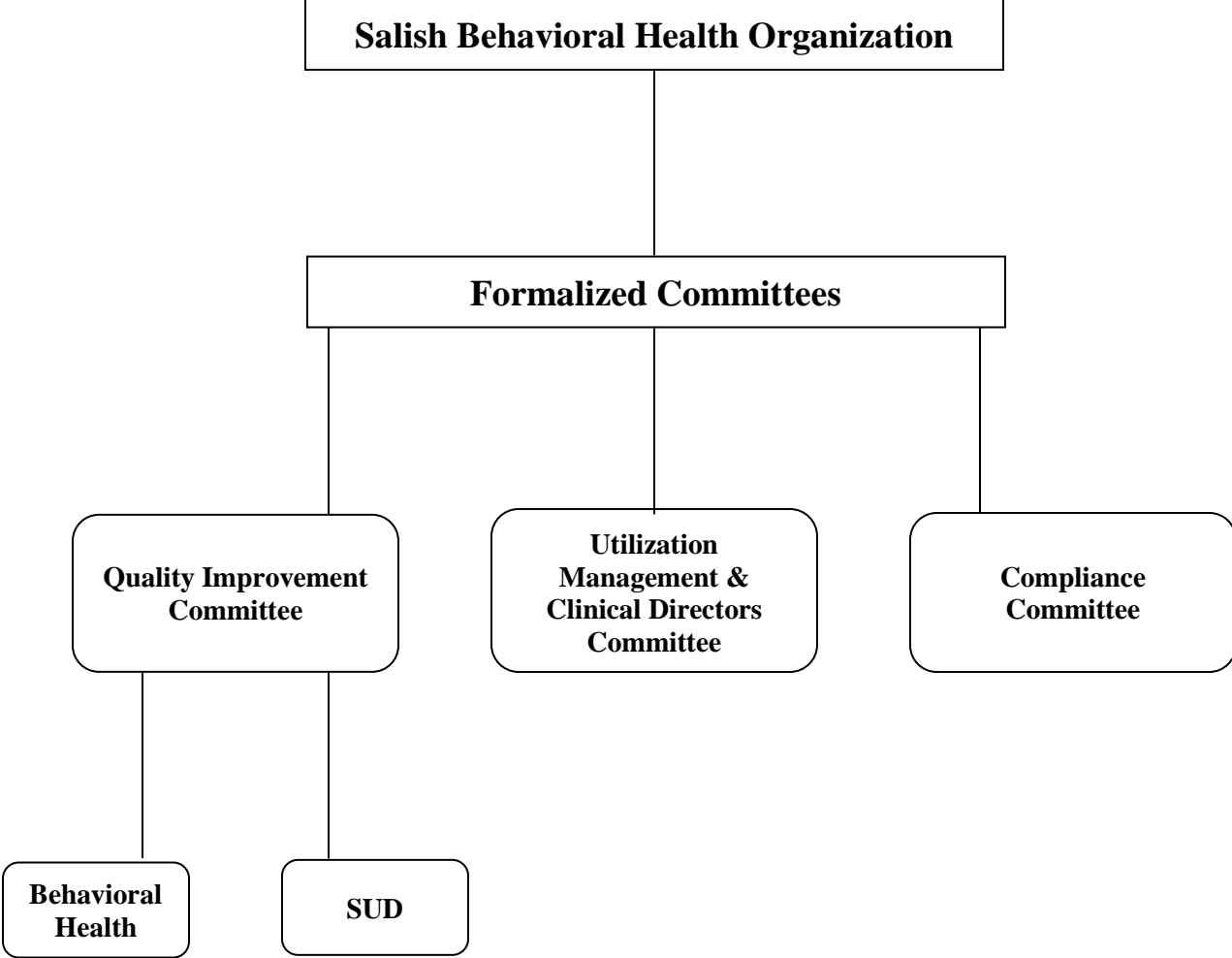
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* See SBHO Staffing Organizational Chart
 ** See SBHO Contractor/ Subcontractor Organizational Chart
 *** See SBHO Formalized Committees Organizational Chart
 **** See CommCare Organizational Chart

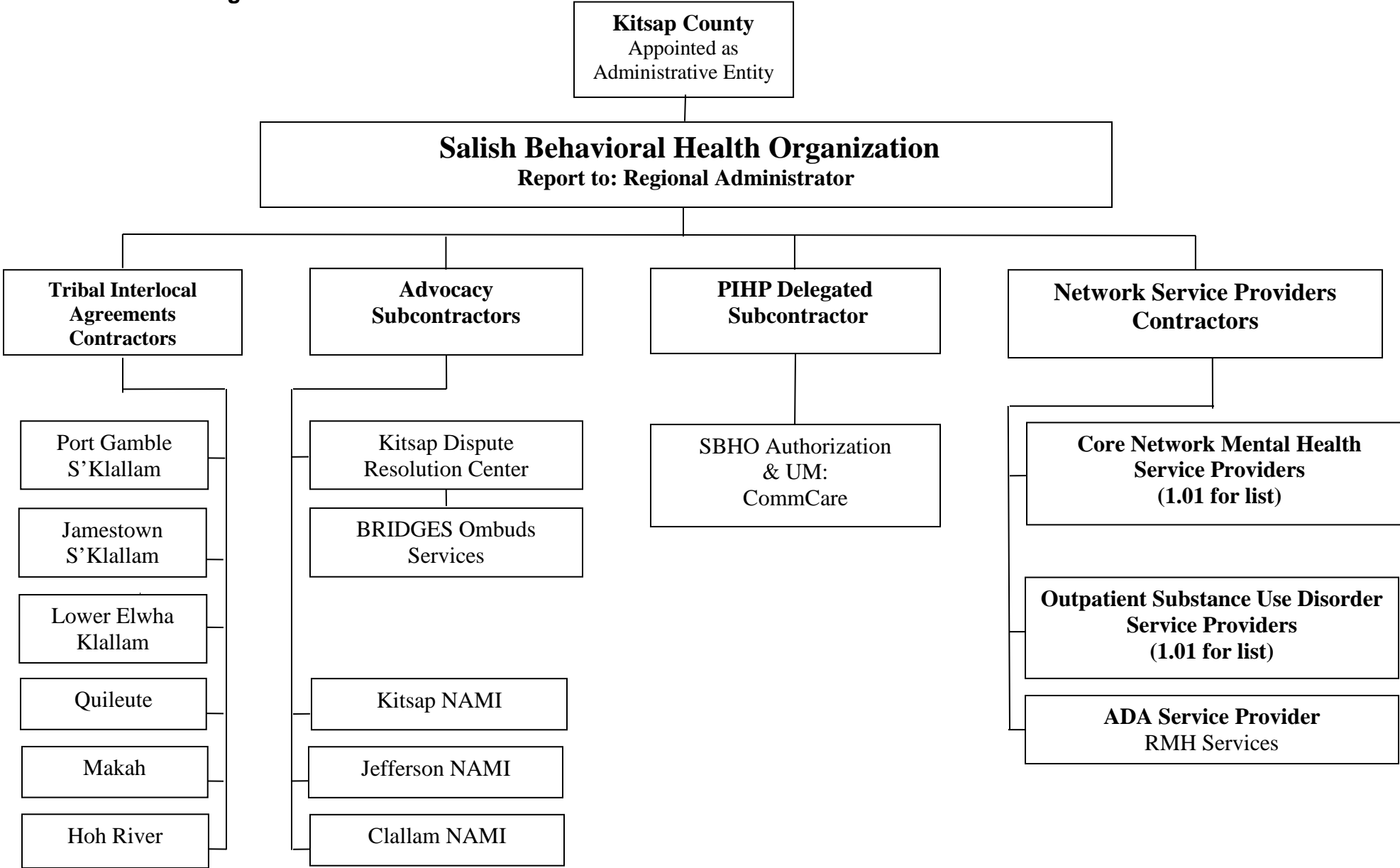
SALISH BEHAVIORAL HEALTH ORGANIZATION
* Staffing Organizational Chart



SALISH BEHAVIORAL HEALTH ORGANIZATION
*** Formalized Committees Organizational Chart**



SALISH BEHAVIORAL HEALTH ORGANIZATION
**** Contractors/Subcontractors Organizational Chart**

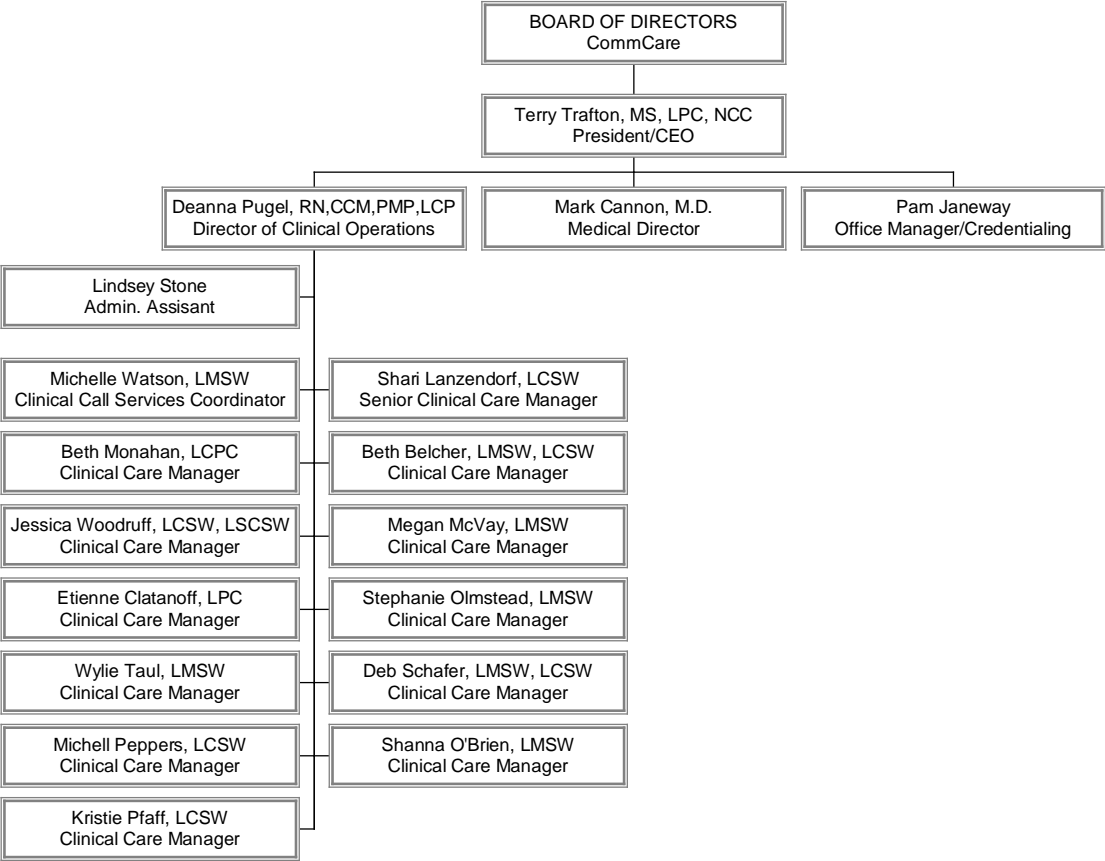


SALISH BEHAVIORAL HEALTH ORGANIZATION
Contracted Authorization and Utilization Management
***** CommCare Organizational Chart**



Community Network for Behavioral Healthcare, Inc.

Organizational Chart





SALISH BHO

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: DEFINITIONS AND COMMON LANGUAGE

Policy Number: 1.03

Reference: 42 CFR, 71.24 RCW, 388-865 WAC and DSHS Contract

Effective Date: 7/2005

Revision Date(s): 7/2016; 7/2017

Reviewed Date: 7/2016; 7/2017

Approved by: SBHO Executive Board

DEFINITIONS AND COMMON LANGUAGE

The Salish Behavioral Health Organization (SBHO) has identified these common definitions, in addition to the definitions in the state contract and provider contracts, to be utilized across the region.

Adverse Benefit Determination (ABD): means, in the case of a Behavioral Health Organization (BHO):

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- The reduction, suspension, or termination of a previously authorized service;
- The denial in whole or in part, of payment for a service;
- The failure to provide services in a timely manner, as defined by the state; or
- The failure of a BHO to act within the grievance system timeframes as provided in WAC 388-877-0660 through 388-877-0670.

Administrative Hearing: Means a proceeding before an administrative law judge that gives a party an opportunity to be heard in disputes about DSHS programs and services. Administrative hearings are conducted through the auspices of the state Office of Administrative hearings in accordance with the Washington Administrative Code (WAC) 388-0200. The term "fair hearing" is synonymous with administrative hearing.

Agreement: Means an accord or contract and any Exhibits and other documents attached or incorporated by reference, between two parties.

Appeal: Means a review by a BHO of an adverse benefit determination.

Apple Health: Refers to the Medicaid program launched with the Washington HealthCare Exchange, October 2013.

Behavioral Health Organization, or BHO: Means a county authority or group of county authorities or commercial health plan, recognized and certified by the Secretary of Department of Social and Health Services (DSHS), which enter into joint operating agreements to contract with the DSHS Secretary pursuant to Chapter 71.24 RCW or successor.

CFR: Means Code of Federal Regulations. All references in Agreements to CFR chapters or sections shall include any successor, amended, or replacement regulation. The CFR may be accessed at Electronic Code of Federal Regulations

Child: For every purpose other than early periodic screening, diagnosis, and testing (EPSDT) and Medicaid, a child is considered by the SBHO to be 0-17 years of age. EPSDT and Medicaid reporting is 0-20 years of age.

Consultation: Consultation is a deliberation between providers on a case or its treatment. It requires an enhance form of communication that emphasizes trust and respect. Consultation requires a shared responsibility that allows an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Contracted Services: DSHS contracts with a large number of contractors to provide client services, personal services and purchased services. These contractors include individual providers, public agencies, and private (profit or non-profit) organizations. Among them are counties that receive contracts or grants to provide DSHS customers with alcohol and substance abuse treatment services, and counties that provide mental health services through Behavioral Health Organizations. Other contracted agencies also provide licensing services, group care services, and other social and health services.

Culturally Relevant: This describes a condition where services provided to clients are appropriate according to the clients' cultural backgrounds.

DBHR: Means the DSHS Health and Recovery Services Administration, Division of Behavioral Health and Recovery.

Debarment: Means an action taken by a Federal official to exclude a person or business entity from participating in transactions involving certain federal funds.

Denial: The decision not to offer an intake is a denial. The decision by a PIHP, or their formal designee, not to authorize covered Medicaid mental health services that meet medical necessity is a denial.

Direct Service: Services and related activities provided to or on behalf of service recipients that address mental health or behavioral health needs, and where appropriate, activities that assist the service recipient with social supports, friends and recreation, daily living, personal safety, cultural needs, housing, finances, education, employment, legal assistance or referral, physical health or alcohol and/or other drug problems. Examples include but are not limited to: individual and group counseling; medication monitoring; case management; individualized and tailored care (ITC) planning; interagency staffing's; GAU/SSI evaluations; job development; housing assistance; community support services, etc. These services are delivered face-to-face or by phone to a consumer or to a collateral or third party on behalf of a consumer.

Dispute Resolution: A term that refers to a number of processes that can be used to resolve a conflict, dispute or claim. When issues cannot be resolved through consultation process alone, a dispute resolution process may be useful to resolve technical issues, policy choices, or to ensure that the parties' values have been given fair hearing and due consideration.

Diversion for any voluntary hospitalization request: Means due to the clinical information provided, psychiatric hospitalization of the person was contemplated by a designated mental health professional (DMHP) but averted via an alternative disposition.

Diversion for Title XIX voluntary hospitalization requests for certification: Means a diversion or diversion alternative(s) is (are) considered a subset of the total number of diversions.

DSHS or the Department: Means the Department of Social and Health Services of the State of Washington and its Secretary, officers, employees, and authorized agents.

Enrollee: A Medicaid recipient who is enrolled in a Pre-paid Inpatient Health Plan.

Episode of Care:

- An outpatient episode of care represents the length of time from when an enrolled client's treatment episode is authorized and activated until the client is inactivated.
- Inpatient episodes of care begin at the point of admission to the free-standing evaluation and treatment (E&T), community hospital, or state hospital facility and end at the point of discharge.
- A client who is active in outpatient services and is then admitted to an E&T facility will have two episodes of care (inpatient and outpatient) running concurrently while at the E&T.
- A client who is active in outpatient services in more than one agency will have concurrent episodes of outpatient care.

Federally Recognized Tribes: an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs. Furthermore, federally recognized tribes are recognized as possessing certain inherent rights of self-government (i.e., tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States. At present, there are 567 federally recognized American Indian and Alaska Native tribes and villages.

General Terms and Conditions: Means the contractual provisions contained within an Agreement which governs the contractual relationship between the contracting agency and the contractor, under that agreement.

Government-to-Government: This describes the relationships and protocols among and between Federally Recognized Tribes, and the federal, state, and other governments.

Grievance: Means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination, as “Adverse Benefit Determination” is defined above. The term is also used to refer to the overall system that includes grievances handled at the network agency and SBHO, as well as access to the State administrative hearing process.

Indian Policy Advisory Committee (IPAC): This DSHS advisory committee is comprised of representatives from Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations. It guides the implementation of the Original Concurrent Jurisdiction Tribal State Agreement 1987, Original Exclusive Jurisdiction Tribal State Agreement 1987, the Centennial Accord, the Millennium Agreement and the Governor’s Office of Indian Affairs. The Office of Indian Policy along with the Department tribal liaisons, provide technical support to Indian Policy Advisory Council (IPAC) in its ongoing communications through meeting, planning, and consultation activities. According to article XI of the IPAC bylaws, IPAC does not have the authority or power to infringe or jeopardize the sovereignty of any Federally Recognized Tribe or non-member Tribe.

Individual: Means a person who applies for, is eligible for, or receives BHO-authorized behavioral health services from an agency licensed by the Department as a behavioral health agency.

Key Identified Positions: These are DSHS managers and employees in regional or headquarters offices whose emphasis of responsibility is working in conjunction or association with the American Indian and Alaska Native Tribes. Employees in these key identified positions are required to attend the Administrative Policy 7.01 Training.

Low Income: Those individuals whose gross household monthly income does not exceed 80% of the median family income for the state of Washington, with adjustment

for family size. Fees are based on a sliding fee scale whose beginning range corresponds to the state GAU standard (DSHS standard) and top range corresponds to 80% of median income (DASA standard).

Office of Indian Policy: This office reports to the Secretary of DSHS and is responsible for coordinating efforts with Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations in order to address the collective service needs of individual American Indians and Alaska Natives in Washington State.

Personal Information: Means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver's license numbers, other identifying numbers, and any financial identifiers.

Prepaid Inpatient Health Plan or PIHP: Means an entity that provides or arranges for a) mental health services to enrollees under contract with the state on the basis of prepaid capitation payments, or other payment arrangements that don't use state plan payment rates; b) provides for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; c) does not have a comprehensive risk contract.

RCW: Means the Revised Code of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute. The RCW can be accessed at <http://app.leg.wa.gov/rcw/>.

Reduction: The decision by a pre-paid inpatient plan (PIHP) to decrease an enrollee's previously authorized covered Medicaid mental health services describe in their Level of Care Guidelines. The decision by a Behavioral Health Agency (BHA) to decrease or change a covered service in the individualized service plan (ISP) is not a reduction.

Recognized American Indian Organizations: These organizations, as recognized in accordance to IPA bylaws, include the American Indian Community Center (AICC), NATIVE Project, Seattle Indian Health Board (SIHB), Small Tribes of Western Washington (STOWW), United Indians of All Tribes Foundation (UIATF), and South Puget Intertribal Planning Agency (SPIPA), a tribal consortium. These organizations exercise their rights as American Indians and citizens of the United States and residents of the State of Washington.

Request for Services: A request by an individual residing within the provider's catchment area for any covered behavioral health service. The individual may be temporarily hospitalized at the time of the request outside of the providers catchment area. A request for service may be made by telephone call, walk-in person, or written request for services from an enrollee or person authorized to consent to treatment for that person.

In the case of an individual currently enrolled in the Medicaid program, any request for services will result in a comprehensive clinical face to face assessment.

Special Terms and Conditions: Means the contractual provisions contained within an agreement which includes a statement of work to be performed by the Contractor/ Subcontractor and payment to be made by the first party to the agreement, along with other special terms and conditions effecting the agreement.

Stabilization Services: Services are provided to the person who is experiencing a mental health emergency or crisis. Services are provided in the person's own home or another home-like setting. Services include short term (less than 2 weeks per episode) face-to-face assistance with self-care, meals, and medication monitoring. These services may be provided prior to an intake evaluation.

Suspension: The decision by a pre-paid inpatient health plan (PIHP), or their formal designee, to temporarily stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency (CMHA) to temporarily stop or change a covered service in the Individualized Service Plan (ISP) is not a suspension.

Termination: The decision by a pre-paid inpatient health plan (PHIP), or their formal designee, to stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency (CMHA) to stop or change a covered service in the Individualized Service Plan (ISP) is not a termination.

Third Party Payments: All fee for service payments collected for RSN enrolled service recipients from sources other than the RSN (Medicaid or state-only revenue) or the party financially responsible for the service recipient.

Tribal Sovereignty: Federally Recognized Tribes are recognized in federal law as possessing sovereignty over their members and their territory. Sovereignty means that tribes have the legislative, executive, and judicial power to make and enforce laws, and to establish courts and other forums for resolution of disputes.

Uninsured: Non-Medicaid, low-income individuals. To be reported on a monthly basis with a 90-day lag time (following eligibility reconciliation) by providers as per the contract.

USC: Means United States Code. All references to USC chapters or sections shall include any successor, amended, or replacement regulation. The USC may be accessed at <http://www.gpoaccess.gov/uscode/>.

WAC: Means the Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation. The WAC can be accessed at <http://app.leg.wa.gov>.



SALISH BHO

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: Acronym List	Number: 1.04
Effective Date: 7/2005	
Revision Date(s): 7/2016; 7/2017	
Reviewed Date: 7/2016; 7/2017	

ACRONYMS

A	
AA	Alcoholics Anonymous
AAA	Area Agency on Aging
AAFS	Adult Aging Field Service
AASA	Aging and Adult Services Administration
AB	Advisory Board
ACD	Automated Call Distribution (a receptionist phone where calls can wait in a queue to be answered)
ACH	Accountable Communities of Health
ACO	Accountable Care Organization
ACS	Access to Care Standards
ACT	Assertive Community Treatment
ADA	American Disabilities Act
ADATSA	Alcoholism & Drug Addiction Treatment & Support Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
ADSA	Aging & Disabilities Services Administration
AFH	Adult Family Home
AG	Attorney General

AIU	Adult Inpatient Unit (KMHS, Bremerton)
AL	Assisted Living
ALOS	Average Length of Stay
AMI	Alliance for the Mentally Ill
AOP	Adult Outpatient
ARNP	Advanced Registered Nurse Practitioner
ARRC	Adult Residential Rehabilitation Center
ARTF	Adult Residential Treatment Facility
ARTP	Adult Residential Treatment Program
ARY	At Risk Youth
B	
BBA	Balanced Budget Act
BHA	Behavioral Health Agency
BHAS	Behavioral Health Assessment System
BHO	Behavioral Health Organization
C	
CA	Children's Administration (DSHS)
CANS	Child & Adolescent Needs and Strength Assessment Tool
CAP	Corrective Action Plan
CBT	Cognitive Behavioral Therapy
CD	Chemical Dependency
CDBG	Community Development Block Grant
CFR	Code of Federal Regulation
CFT	Child and Family Teams
CGAS	Child Global Assessment of Scale
CHAP	Children's Hospital Alternative Program
CHIP	Children's Acute Inpatient Program
CIAP	Community Integration Assistance Program
CIS	Computer Information System

CIT	Crises Intervention Team or Training
CLIP	Children's Long-term Inpatient Programs
CM	Case Manager
CMHC	Community Mental Health Center
CMHIS	Community Mental Health Information System
CMHS	Children's Mental Health Specialist
CMLS	Case Manager Locator System
CMHA	Community Mental Health Agency
CMS	Center for Medicaid and Medicare Services (federal)
CODIAC	Co-Occurring Disorders Inter-Agency Committee
COLA	Cost of Living Adjustment
COB	Coordination of Benefits
COD	Co-occurring Disorders
COPEs	Community Options Program Entry System
COS	Consumer Outcomes Survey
CPC	Certified Peer Counselor
CPS	Child Protective Service
CRRT	Clinical Rating Review Tool
CRS	Clinical Review Specialist
CRU	Crisis Response Unit
CSD	Community Services Department
CSO	Community Service Office
CSTC	Child Study and Treatment Center
CWS	Child Welfare Services
CY	Calendar Year
D	
D/O	Disorder
DASA	Division of Alcohol and Substance Abuse
DBH	Discovery Behavioral Health

DBHR	Division of Behavioral Health and Recovery
DBMS	Database Management System
DBT	Dialectical Behavioral Therapy
DCD	Department of Community Development
DCFS	Division of Child and Family Services
DDA	Developmental Disabilities Administration
DHHS	Department of Health and Human Services
DHS	Department of Human Services
DJR	Division of Juvenile Rehabilitation
DLA-20	Daily Living Assessment Tool
DMHP	Designated Mental Health Professional
DMIO	Dangerously Mentally Ill Offender
DOC	Department of Corrections
DOT	Department of Transportation
DRC	Dispute Resolution Center of Kitsap
DRW	Disability Rights Washington (legal advocacy group)
DSHS	Department of Social and Health Services
DSM-V	Diagnostic and Statistical Manual, version five. Implemented 2013
DVR	Division of Vocational Rehabilitation
DX	Diagnosis
E	
E&T	Evaluation and Treatment Center
EB	Executive Board
EBP	Evidence Based Practices
ECS	Expanding Community Services
EMAC	Ethnic Minorities Subcommittee to MHPAC
EMS	Emergency Medical Services
EOE	Equal Opportunity Employer
EPSDT	Early Periodic Screening, Diagnosis & Treatment

EQRO	External Quality Review Organization
ER	Emergency Room
ES	Emergency Services
ESD	Educational Service District
ESH	Eastern State Hospital
F	
FBG	Federal Block Grant
FFP	Federal Financing Participation
FFT	Functional Family Therapy
FHA	Federal Housing Administration
FIMC	Fully Integrated Managed Care
FQHC	Federally Qualified Health Centers
FRS	Family Reconciliation Services
FTE	Full- time Equivalent
FY	Fiscal Year
FYSPRT	Family, Youth & System Partner Round Tables
G	
GA	General Assistance
GAF	Global Assessment of Functioning
GAIN- SS	Global Appraisal of Individual Need – Short Screener
GAS	Global Assessment Scale
GAU	General Assistance - Unemployable
GIA	Grant-In-Aid
GLBT	Gay, Lesbian, Bisexual, Transgender
GSA	General Service Administration
GSE	Group Supported Employment
H	
HB	House Bill
HCA	Health Care Authority

HIPPA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health
HMC	Harrison Medical Center, Bremerton
HMO	Health Maintenance Organization
HRSA	Health and Rehabilitation Services Administration
HUD	Housing and Urban Development
I	
ICC	Interagency Coordinating Committee
IEP	Individualized Education Program
IFRC	Interim Family Resource Coordination
IHP	Individual Habilitation Plan
IL	Independent Living
IMD	Institute for Mental Diseases
INS	Immigration and Naturalization Services
IOP	Intensive Outpatient Program
IRC	In-Residence Census
IS	Information Services
ISDEC	Information Systems & Data Evaluation Committee
ISP	Individual Service Plan
ISSD	Information System Services Division
IT	Information Technology
ITA	Involuntary Treatment Act
ITC	Individualized and Tailored Care
ITP	Involuntary Treatment Plan
J	
JCAHO	Joint Commission on Accreditation of Healthcare
JJC	Juvenile Justice Center
JRA	Juvenile Rehabilitation Administration
JLARC	Joint Legislative Audit & Review Committee

K	
KMHS	Kitsap Mental Health Services, Bremerton
L	
L & I	Labor and Industries
LBC	Legislative Budget Committee
LOC	Level of Care
LOU	Legal Offender Unit
LRA	Least Restrictive Alternative
LTC	Long Term Care
M	
MAA	Medical Assistance Administration
MCO	Managed Care Organization
MDT	Multidisciplinary Team
MH	Mental Health
MHBG	Mental Health Block Grant
MHCP	Mental Health Care Provider
MHIIS	Mental Health Institutional Information System
MHP	Mental Health Professional
MHPAC	Mental Health Planning & Advisory Council
MHSIP	Mental Health Statistics Improvement Program
MHTF	Mental Health Task Force
MI	Mentally Ill
MICA	Mentally Ill/Chemically Abusing
MIS	Management Information System
MMIS	Medicaid Management Information System
MOU	Memorandum of Understanding
MPA	Medicaid Purchasing Administration
MPC	Medicaid Personal Care
MS	Mail Stop

MST	Multi-systematic Therapy
MSW	Master of Social Work
N	
NAMI	National Alliance for the Mentally Ill
NCQA	National Committee for Quality Insurance
NIMH	National Institute of Mental Health
NOA	Notice of Action
NOD	Notice of Determination
NOM	National Outcome Measure
NPI	National Provider Identifier
O	
OBRA	Omnibus Budget Reconciliation Act
OCA	Office of Consumer Affairs
OCD	Obsessive Compulsive Disorder
OCR	Office of Civil Rights
OESD	Olympic Educational School District
OFM	Office of Financial Management
OMB	Office of Management & Budget
OMC	Olympic Medical Center, Port Angeles
OP	Outpatient
OSPI	Office of Superintendent of Public Instruction
OT	Occupational Therapy
P	
P1	Provider 1
PA	Public Assistance
P&P	Policy and Procedures
PBH	Peninsula Behavioral Health, Port Angeles
PCP	Primary Care (Medical) Provider
PACT	Program of Assertive Community Treatment

PAHP	Prepaid Ambulatory Healthcare Provider
PALS	Program for Alternative Living Skills
PASSAR	Pre-Admission Screening & Resident Review
PASS/IRWE	Plans for Achieving Self Support Impairment Related Work Expenses
PATH	Programs to Aid in the Transition from Homelessness
PCCM	Primary Care Case Manager
PDD	Pervasive Developmental Disorder
PEP	Public Employment Program
PI	Performance Indicator
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PORTAL	Program Offering Rehabilitation, Training, and Adult Living
PPO	Preferred Provider Option
PSS	Peer Support Specialist
PTSD	Post-Traumatic Stress Disorder
Q	
QA	Quality Assurance
QBH	Quality Behavioral Health
QCDC	Qualified Chemical Dependency Counselor
QI	Quality Improvement
QM	Quality Management
QMOC	Quality Management Oversight Committee
QRT	Quality Review Team
QUIC	Quality Improvement Committee
R	
RCW	Revised Codes of Washington
RFI	Request for Information
RFP	Request for Proposal
RFQ	Request for Qualifications

RHIC	Regional Health Improvement Collaboratives
RIAPT	Regional Intra-Agency Planning Team
RMHS	RMH Services, Bremerton
RMS	Resource Management Services
ROI	Release of Information
RSA	Regional Service Area
RSN	Regional Support Network
RTF	Residential Treatment Facility
Rx	Prescription
S	
SABG	Substance Abuse Block Grant
SAMHSA	Substance Abuse & Mental Health Services Administration
SBD	Serious Behavioral Disturbance
SBHO	Salish Behavioral Health Organization
SCAN	State Controlled Area Network
SE	Supported Employment
SED	Serious Emotional Disorder
SIL	Semi-Independent Living
SIM	Washington's Statewide Innovation Planning Grant
SMI	Serious Mental Illness
SMSC	Sexual Minorities Subcommittee to MHPAC
SNF	Skilled Nursing Facility
SOW	Statement of Work
SPN	Sub-Regional Provider Network
SQL	Structured Query Language
SSA	Social Security Administration
SSB	Senate Substitute Bill
SSDI	Social Security Disability Insurance
SSDS	Social Security Delivery System

SSI	Supplemental Security Income
SSPS	Social Security Payment System
SUD	Substance Use Disorder
SWIFT	Stabilization Wellness In Families Together
T	
TDD	Telecommunications Device for the Deaf
T-Grant	Transformation Grant
TANF	Temporary Assistance for Needy Families
TTY	Tele-typewriter
TX	Treatment
TXIX or T19	Title 19 of the Social Security Act
U	
UM	Utilization Management
UMC	Utilization Management Committee
UMS	Utilization Management Services
URAC	Utilization Review Accreditation Commission
V	
VA	Veterans Administration
VPN	Virtual Private Network
W	
WAC	Washington Administrative Code
WACO	Washington Association of County Officials
WAMI	Washington Advocates for the Mentally Ill
WEOS	West End Outreach Services, Forks
WIMIRT	Washington Institute for Mental Illness Research & Training
WISe	Wraparound with Intensive Services
WPAS	Washington Protection and Advocacy System
WSAC	Washington State Association of Counties
WSH	Western State Hospital

WSSAC	Washington State Association of Counties
XYZ	
YIU	Youth Inpatient Unit (KMHS, Bremerton)



SALISH BHO

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: GENERAL DUTIES AND RESPONSIBILITIES

Policy Number: 1.05

Reference: WAC 388-865-0105, -0200 through -0250, 0300 through -0355, 71.24 RCW, 42 CFR, and DSHS Contract

Effective Date: 9/2005

Revision Date(s): 7/2016; 6/2017

Reviewed Date: 7/2016; 6/2017

Approved by: SBHO Executive Board

CROSS REFERENCES

- Introduction, Mission
- Policy: Governance Structure and Community Accountability

PURPOSE

It is the policy of the Salish Behavioral Health Organization (SBHO) to comply with the rules and regulations governing BHOs in CFR, RCW, and WAC and to comply with the general duties and responsibilities therein specified.

PROCEDURE

The SBHO and its providers:

1. Comply with duties as specified under chapter 71.05, 71.24, 71.34 RCW and Title XIX Section 1915 (b) Medicaid Waiver provisions. The applicable federal and state laws include, but are not limited to, the following:
 - Title IV of the Civil Rights Act of 1964
 - Age Discrimination Act of 1965
 - Rehabilitation Act of 1973
 - 42 CFR Part 2
 - Title II and III of the Americans with Disabilities Act; and
 - Other laws regarding privacy and confidentiality

2. Identify in brochures, advertisements or other marketing tools that the single point of responsibility to administer and provide community behavioral health services to priority populations in the SBHO region is the SBHO with services delivered by providers in accordance with subcontract.
3. Manage resources, as described in WAC 388-865, through subcontracted agreements with providers. The SBHO will provide direct resource management and oversight management of the available resources within the SBHO.
4. Ensure the provision of crisis response services as described in WAC 388-865 through the development and implementation of services by providers to local consumers, including assurance of 24 hours a day, 7 days a week access to competent crisis evaluation and/or intervention services, and reasonable community access to the service.
5. Ensure the provision of a full array of intervention and community support services by subcontracting with identified providers, who will provide the services specified by contract, including reintegration, and recovery, as described in chapter WAC 388-865 (with the exception of services specifically waived by the Department) through the development and implementation of services.
 - The SBHO does not discriminate and protects against provider discrimination for serving high risk populations, costly treatment, or specializes in conditions that require costly treatment.
6. Meet the terms of the state department contract through implementation by inter-local or other necessary agreements, by specifying the terms of said agreements, and through audit or review to assure adequate performance.

MONITORING

1. Assure that contractors and subcontractors comply with all applicable federal and state requirements (in code and contract) with the department by monitoring performance through a variety of auditing processes, such as:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Annual Provider Chart Reviews
 - Grievance Report and Tracking
 - Biennial Provider Quality Review Team On-site Review of Mental Health Agencies
 - Quarterly Provider Performance Reports
 - Semi-annual Provider Revenue and Expense Reports
 - Quality Management Plan activities (such as review targeted issues for trends and recommendations)
 - Review of previous provider corrective action plans related to policy, including provider profiles related to performance on targeted indicators

2. Contract for clinical services only with licensed service providers or providers licensed under chapters 18.57, 18.71, 18.83 or 18.88 RCW and require copies of current licenses to be on file in the Administrative Offices of the SBHO and further, notify providers in writing that failure to hold a current license will result in contract termination and, further, agree to so terminate in the event the department notifies the SBHO of a provider's failure to attain or maintain licensure.
 - The SBHO will not operate as a service provider



SALISH BHO

INTRODUCTION POLICIES AND PROCEDURES

Policy Name: GOVERNANCE STRUCTURE AND
COMMUNITY ACCOUNTABILITY

Policy Number: 1.06

Reference: WAC 388-865-0221, -0222

Effective Date: 2/2005

Revision Date(s): 7/2016; 6/2017

Reviewed Date: 7/2016; 6/2017

Approved by: SBHO Executive Board

PURPOSE

It is the policy of the Salish Behavioral Health Organization (SBHO) to ensure services are responsive in an age and culturally appropriate manner to the behavioral health needs of its community, within available resources.

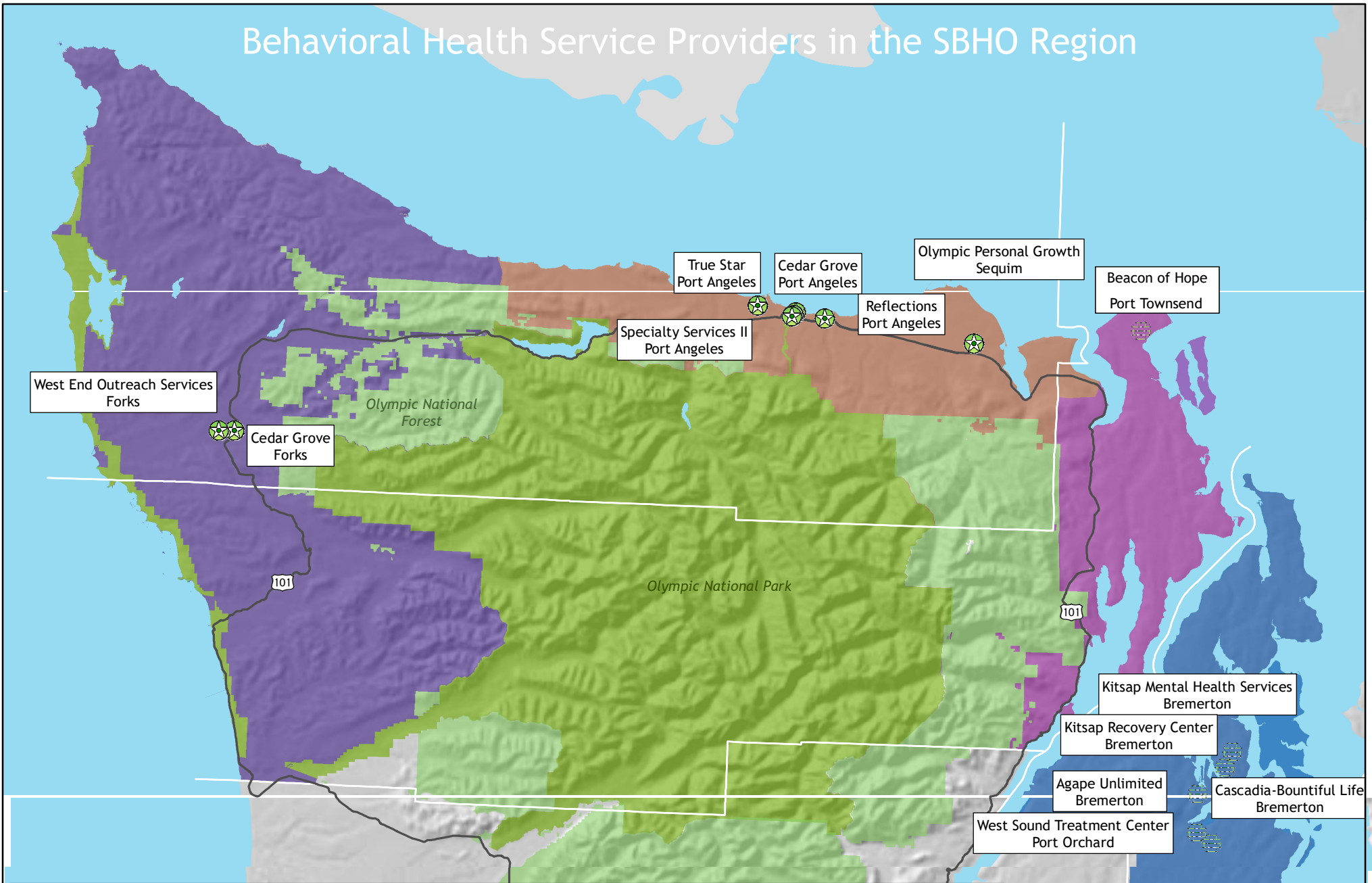
PROCEDURE

The SBHO will:

1. Establish a governance structure through Inter-Local Agreement consistent with chapter 71.24 RCW, herein identified as the Salish Behavioral Health Organization (SBHO) Executive Board. The board will consist of at the least three members of each County Board of Commissioners and one Tribal representative for the counties and tribes comprising the SBHO. The board will meet as is necessary for the conduct of business in accordance with the Interlocal Agreement establishing the SBHO.
2. Appoint a seventeen-member SBHO Advisory Board which will:
 - a. Broadly represent the demographic character of the region and the people served by the SBHO:
 - Appointment of five persons per county to serve on the Board and two tribal representatives.

- Members will be recruited through local newspaper ads, notification to local advocacy groups, and notification to local minority groups including sovereign Tribes. Members shall be appointed by the SBHO Executive Board. Applications will be reviewed at the SBHO level and all applications submitted to the Executive Board with staff recommendation for appointment.
 - Appointment of persons to the advisory board so that no less than 51% of the board at any time will be either consumers or past consumers of public behavioral health services; or family or foster family members of consumers, including parents of emotionally disturbed children.
- b. Be recruited at the discretion of the County requiring representation and in accordance with and supportive of the goals and requirements of the Advisory Board and SBHO.
- c. Review and comment on plans, budgets, and policies developed by the SBHO to implement the requirements of chapter 71.24 RCW and WAC 388-865. The SBHO Advisory Board shall forward its comments to the SBHO Executive Board and other applicable entities responsible for public behavioral health.
3. Appoint a five to ten-member SBHO Quality Review Team (QRT), which will:
- a. Be appointed by the SBHO Advisory Board for two-year terms.
 - Members may be members of the Advisory Board or other interested community members.
 - The QRT shall select a chair to manage committee meetings.
 - SBHO shall provide staffing to the QRT.
 - b. Report on-site and activity findings to the SBHO Advisory Board.
 - QRT on-site final reports shall be presented to the Advisory Board prior to publishing/distributing.
 - Members of the QRT may be appointed to the Quality Improvement Committee.

Behavioral Health Service Providers in the SBHO Region



Kitsap County Department of Information Services

Geographic Information System Division (GIS)
 614 Division Street, MS-21 Port Orchard, WA 98366-4614
<http://www.kitsapgov.com/gis>

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 * THIS MAP IS NOT A SUBSTITUTE FOR A FIELD SURVEY *

Data Sources:
 Peninsula Regional Support Network
 US Forest Service
 National Park Service
 US Census Bureau
 Esri Data and Maps

Map Date: 02/2013

