



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, January 15, 2021

TIME: 9:00 AM – 11:00 AM

LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

****Recommend participation by either computer or ZOOM app on your mobile phone. Please use this link to download ZOOM to your computer or phone: <https://zoom.us/support/download>.****

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://zoom.us/j/91794227857?pwd=NDYrMkpVQUZxWnR2cDN0UXpGcnFldz09>

Meeting ID: 917 9422 7857

Passcode: 186513

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 917 9422 7857

Passcode: 186513

A G E N D A

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Notes for November 20, 2020 (Attachment 5)
6. Action Items
 - a. Election of SBH-ASO Executive Board Chair and Vice-Chairs
 - b. 2021 SBH-ASO Budget (Attachments 6.b.1, 6.b.2, and 6.b.3)
 - c. 2020/2021 SBH-ASO Risk Assessment (Attachment 6.c)
 - d. SBH-ASO Policies and Procedures (Attachment 6.d.1, 6.d.2 and, Supplemental Packet, 6.d.3)
7. Informational Items
 - a. MCO Reconciliation Update
 - b. Behavioral Health Advisory Board (BHAB) Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BAART	A BayMark health services company, opioid treatment company
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
ORGANIZATION EXECUTIVE BOARD
MEETING

January 15, 2021

Action Items

A. ELECTION OF SBH-ASO EXECUTIVE BOARD CHAIR AND VICE-CHAIRS

The SBH-ASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair, Vice-Chair, a Second Vice-Chair and a Third Vice-Chair by majority vote. In 2020, Commissioner Ozias served as Chair, Commissioner Brotherton served as Vice-Chair, and Commissioner Gelder served as Second Vice-Chair. At the time of Officer Elections, there was not a sufficient number of voting Board Members to elect a Third Vice-Chair.

Staff respectfully requests that the Executive Board Elect Chair, Vice-Chair, Second-Vice Chair and Third-Vice Chair for 2021.

B. 2021 SBH-ASO BUDGET

Due to significant delays in receiving both non-Medicaid (HCA) and Medicaid (MCOs) revenue contracts, a 2021 Budget could not be presented to the Executive Board prior to the January Meeting.

- *Calendar Year 2021 Non-Medicaid Budget*

A summary of non-Medicaid revenues is attached for review. This includes revenue allocated within Salish's main contract with HCA. This attachment also reflects revenue from 2 additional HCA contracts, HARPs and Emergency COVID Grant, and revenue from a contract with Commerce for long-term housing subsidies.

A summary of non-Medicaid expenditures is attached for review. The "comments" column identifies notable changes from the previous year's approved budget.

Staff will provide additional details surrounding the proposed non-Medicaid budget and seeks the Board's approval.

- *January – June 2021 Draft Medicaid Budget*

Staff has included a draft Medicaid budget for the first 6 months of 2021. A draft budget is being proposed as negotiations with one MCO, United Healthcare, are still on-going. Therefore, Medicaid compensation for calendar year 2021 has not been finalized. Additionally, SBH-ASO only agreed to a 6-month contract extension with Molina.

Staff will provide additional details surrounding the draft Medicaid budget. Staff seeks the Board's approval of this draft budget, and to allow for up to a 5% variance in revenue without additional action being required from this Board. Any variance within 5% will be brought forth to the Board as an informational item.

C. 2020/2021 SBH-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. The draft Risk Assessment was reviewed by the SBH-ASO Quality and Compliance Committee on December 8, 2020 and opportunity for subcontractor feedback was provided.

For the 2020/2021 Risk Assessment, the top 3 identified risks include:

- Implementation of Teleworking in response to COVID-19 safety guidance as there are increased risks related to privacy and security.
- Electronic Health Record/Data Platform changes create potential risk of data submission delays and can inhibit oversight.
- Policy and Procedure accuracy – the pace of change and frequent contract changes have resulted in a challenge to timely updates of SBH-ASO policies and procedures.

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

D. POLICIES AND PROCEDURES FOR APPROVAL

Changes in either July 1, 2020 or January 1, 2021 HCA/BHASO Contract, necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

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

AD100 – Definitions

AD104 – Credentialing

CL203- Levels of Care

CL206- State Hospital Care Coordination

CL207- Jail Transition Services

CP304- Code of Conduct

CP304a- Code of Conduct Attestation

UM801- Utilization Management Requirements

UM804- Access to Withdrawal Management SUD Services

UM809- Access to Residential Substance Use Disorder Treatment Services

UM810- Criminal Justice Treatment Account (CJTA)

PS903a- Privacy and Security Policies Maintenance Plan

In an effort to develop a more sustainable workflow for updating Policies and Procedures, SBH-ASO Staff plan to reduce updates to its Policy and Procedure Manual to twice a year, January and July.

Informational Items

A. MCO RECONCILIATION UPDATE

During the September and November Executive Board Meeting, staff shared information regarding the challenges surrounding the MCO contract requirement of semi-annual reconciliation.

This process of MCO reconciliation involves the comparison each MCO's Medicaid Members' utilization of crisis services to the overall cost of SBH-ASO Crisis System. MCO's utilize this process to determine what they believe to be their portion of Crisis System financial responsibility. However, the utilization of crisis services, as a stand-alone measure, does not reflect that actual cost of the "Medicaid portion" of the crisis system. Through this reconciliation process, MCOs have recouped millions of Medicaid dollars from BH-ASOs and the crisis system in Washington State.

Up until July 1, 2020, HCA contracts with MCOs included the requirement for MCOs to engage BH-ASOs in semi-annual reconciliation. However, after several lengthy conversations between BH-ASO Leadership and HCA, the HCA agreed to remove this requirement from MCO's IMC contracts. However, this term remains in some contracts between the MCOs and SBH-ASO.

Since the November Executive Board Meeting, staff has obtained additional information from both MCOs and other BH-ASOs about the reconciliation process.

Other BH-ASOs have reported that Molina Healthcare is the only MCO reaching out to initiate reconciliation, not United Healthcare or Amerigroup. This has also been SBH-ASO's experience for its first semi-annual reconciliation. If Molina is the only MCO that follows through with reconciliation, the financial impact is 50% less impactful.

Additionally, Molina reported that any funds recouped from SBH-ASO must be redistributed to behavioral health providers within the Salish region that have sub-capitated contracts with Molina. If this is true, then these Medicaid funds are remaining within the region. If these recouped Medicaid funds are redistributed to local behavioral health providers, then the only financial loss to SBH-ASO is the small amount of administrative allowance that previously accompanied those Medicaid funds.

Staff will discuss this situation in greater detail. No action is required at this time as the decision about whether to participate in reconciliation for July-December 2020 does not need to be made until at least March 2021.

Lastly, with the Board's approval of the Medicaid Draft budget, staff intends to amend Medicaid Crisis Subcontracts to reduce the impact of reconciliation beginning 1/1/21.

B. BEHAVIORAL HEALTH ADVISORY BOARD (BHAB) UPDATE

In 2020, Advisory Board Meetings were held in February, June and October with the final meeting being held in December. Meetings are scheduled quarterly in 2021. A joint Advisory and Executive Board is proposed for the month of September 2021. The Advisory Board greatly appreciate the opportunity for a joint meeting in November 2019.

BHAB Chair, Lois Hoell or Staff will provide an update.

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

**November 20, 2020
9:00 a.m. - 11:00 a.m.
VIRTUAL ONLY: ZOOM Virtual Platform**

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

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – Stephanie Lewis, introduced Ileea Clauson as the Utilization Manager, Privacy and Compliance Officer for the SBH-ASO.

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

APPROVAL of AGENDA – Commissioner Mark Ozias

MOTION: Commissioner Greg Brotherton moved to approve the agenda as submitted. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Robert Gelder moved to approve the meeting notes as submitted for the September 18, 2020 meeting. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **SBH-ASO POLICIES AND PROCEDURES FOR APPROVAL**

Changes in the July 1, 2020, HCA contract and feedback from HCA's Technical Assistance Monitoring this Spring, necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

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

- AD106 - Toll-free Crisis Line Management
- AD107 – Indian Health Care Providers
- CL200 – Integrated Crisis System
- CL201 – Ensuring Care Coordination
- CL204 – Priority Populations and Waiting Lists
- CA402 – Grievance System
- CA403 – Individual Rights

- CA403a – Individual Rights Statement
- IS602 – Data Integrity
- IS603 – Data Submission Procedures
- IS604 - Disaster Recovery
- UM805 – Crisis Stabilization Services
- PS906 – Breach Notification Requirements
- PS907 – Individual Protected Health Information Rights

MOTION: Commissioner Robert Gelder moved to approve SBH-ASO Policies and Procedures for Approval. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

➤ **APPOINTMENT OF HELEN HAVENS TO BEHAVIORAL HEALTH ADVISORY BOARD (BHAB)**

On June 12, 2020, SBH-ASO received an application for appointment to the SBH-ASO Behavioral Health Advisory Board. The application is for the remaining Kitsap County seat. A brief summary of information shared by the applicant, Helen Havens, is outlined below for the Executive Board's consideration.

Helen Havens has been a resident of Kitsap County since 1977. Helen has a bachelor's degree in psychology and extensive training in mental health treatment, addiction treatment, crisis intervention and client-centered treatment planning. Helen is now retired after working for many years as a co-occurring disorders therapist.

Helen has previously served on numerous committees including the Solid Waste Advisory Committee and the Transportation Advisory Committee. Helen currently serves on both the Kitsap Housing and Homelessness Coalition and Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee. Helen was appointed to the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee in March of this year and serves to represent the Salish Behavioral Health Administrative Services Organization.

The Advisory Board unanimously recommended that the Executive Board Appoint Helen Havens to the SBH-ASO BHAB.

Theresa Lehman, Tribal Representative, and other SBH-ASO Executive Board Members appreciated the service Helen has provided to our community.

MOTION: Commissioner Greg Brotherton moved to approve Appoint of Helen Havens to Behavioral Health Advisory Board (BHAB). Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

➤ **APPOINTMENT OF SALISH BH-ASO STAFF AS REGION'S DESIGNEE OF DESIGNATED CRISIS RESPONDERS (DCR)**

Designated Crisis Responders (DCRs), formally Designated Mental Health Professionals (DMHPs),

evaluate individuals experiencing behavioral health crises and make determinations regarding the need for civil commitment on the basis of danger to self/others/property or grave disability.

Historically, the SBH-ASO Executive Board would designate an individual per crisis service agency to deputize new agency Designated Crisis Responders (DCRs). The agency designee was responsible for reviewing all required documentation and issuing a letter of attestation to SBH-ASO. The newly deputized individual could then provide DCR services. Upon receipt of the letter of attestation, SBH-ASO issued a letter to acknowledge the individual meets criteria. This process was reviewed by SBH-ASO staff and source documents were monitored during annual reviews.

There have been changes in HCA contract requirements related to credentialing. HCA has expanded the scope of BH-ASO's credentialing requirements. SBH-ASO will be responsible for obtaining and reviewing source documents for all DCR's as part of the credentialing process. Information relating to new DCR candidate's qualifications will need to be approved by SBH-ASO prior to the individual working as a DCR. Effective January 1, 2021, SBH-ASO staff will take on the responsibility of managing this process for all crisis subcontractors and their DCRs.

Staff is requesting that Care Manager, Martiann Lewis, be designated by the Executive Board to provide the deputization of all Salish Regional DCR's. Staff is also requesting that Deputy Administrator/Clinical Director, Jolene Kron, be designated as the backup for deputization of all Salish Regional DCRs. Lastly, staff request this authority be effective immediately as at least one crisis agency does not currently have an active designee.

MOTION: Commissioner Greg Brotherton moved to approve Appointment of Salish BH-ASO Staff as Regional's Designee of Designated Crisis Responders (DCR). Theresa Lehman, Tribal Representative, seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **REGIONAL CRISIS SYSTEM UPDATE**

Crisis Hotline metrics continue to be a challenge and below contract standards. The crisis hotline contractor continues to experience staffing challenges in the call center, in large part due to COVID-19. Hiring, on-boarding and training of new staff is also more challenging during the pandemic. SBH-ASO is under corrective action with one MCO due to these metrics being below contract standards.

SBH-ASO leadership continue to meet with the crisis hotline contractor every other week to review status and provide technical assistance. October metrics were improved compared to prior months and are approaching contract compliance. January through October hotline metrics are reflected in the attachment.

Peninsula Behavioral Health and Kitsap Mental Health Services have experienced turn-over at the Crisis Team/DCR Supervisor staff level. Discovery Behavioral Health is recruiting a new Crisis Manager as well due to internal promotion. With changes in team leadership, SBH-ASO has been providing technical assistance to support agencies during these transitions.

SBH-ASO continues to see an increased volume Involuntary Treatment Investigations and Detentions compared to 2019. Staff will review January through October Investigation and Detention data.

On January 1, 2021, changes to initial detention under the Involuntary Treatment Act (ITA) law become effective. SB 5720 extends the period of initial detention under Involuntary Treatment from 72 hours to 120 hours. SBH-ASO is participating in HCA's DCR Protocol Work Group where these ITA changes are discussed and protocols are updated. SBH-ASO facilitates monthly Crisis Providers Meetings to support the Regional Crisis System in the midst of on-going change. Staff will discuss this in greater detail.

➤ **MCO RECONCILIATION UPDATE**

During the September Executive Board Meeting, staff shared information regarding the challenges surrounding the MCO contract requirement of semi-annual reconciliation.

This process of MCO reconciliation involves the comparison each MCO's Medicaid Members' utilization of crisis services to the overall cost of SBH-ASO Crisis System. MCO's utilize this process to determine what they believe to be their portion of Crisis System financial responsibility. However, the utilization of crisis services, as a stand-alone measure, does not reflect that actual cost of the "Medicaid portion" of the crisis system. Through this reconciliation process, MCOs have recouped millions of Medicaid dollars from BH-ASOs and the crisis system in Washington State.

Up until July 1, 2020, HCA contracts with MCOs included the requirement for MCOs to engage BH-ASOs in semi-annual reconciliation. However, after several lengthy conversations between BH-ASO Leadership and HCA, the HCA agreed to remove this requirement from MCO's IMC contracts. However, this term still remains in the contracts between the MCOs and SBH-ASO.

Staff will provide a summary of a legal consultation with the prosecuting attorney assigned to SBH-ASO, as well as the plan for next steps.

Commissioner Greg Brotherton requested clarity, for the period of January to June 2020, the SBH-ASO would be returning a total of \$300,000 to \$400,000 to the MCO's.

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

In 2020, Advisory Board Meetings were held in February, June and October with the final meeting being held in December. BHAB Chair, Lois Hoell or Staff will provide an update.

➤ **BEHAVIORAL HEALTH SYSTEM COORDINATION COMMITTEE**

The Behavioral Health System Coordination Committee was established in accordance with RCW 71.24.861. This committee is intended to improve communication and coordination within Washington State's integrated health care services. Some Stakeholders include County Commissioners, County Council Members, HCA, DSHS, HCA Tribal Affairs, and BH-ASO's. Commissioner Ozias and Staff, Jolene Kron, are participating in this committee and will speak to the process thus far.

Commissioner Ozias and Jolene provided feedback of the committee's process. The committee's focus has been on a development of infrastructure to help build a foundation to facilitate a conversation between the two groups, HCA and county stakeholders. They are currently moving towards reviewing case studies, such as those related to the SB 5720. We are hoping for more clarity and we are looking to the facilitator to assist with providing some direction for this committee's future. There is hope that this group will likely move towards some legislative changes.

➤ **2021 EXECUTIVE BOARD MEETING SCHEDULE**

Staff recommends that the Executive Board continue to convene on an every-other month cadence in 2021. If meetings continue to be held on the 3rd Friday of the month, the 2021 Meeting schedule would be: January 15th, March 19th, May 21st, July 16th, September 17th and November 19th. Staff has not attempted to secure any facility reservations for 2021 Executive Board Meetings thus far and recommends that at least January and March 2021 Meetings be held virtually only.

Board members affirmed that continuing with the proposed schedule was desirable.

PUBLIC COMMENT

- Stephanie Lewis, SBH-ASO Administrator, will be emailing a SBH-ASO Code of Conduct attestation to the SBH-ASO Executive Board Members.
- Commissioner Ozias solicited Celeste Schoenthaler, OCH Executive Director, for any feedback on the legislative priorities. For 2021 they have set simple expectations. We have chosen two: (1) The HCA has continued the work of extending Medicaid till 2022 and (2) the other of the 1115 Waiver required matching dollars has to be approved annually, Medicaid Quality Improvement. In addition, a focused effort of small providers during this process.
- Commissioner Ozias solicited from Theresa Lehman, Tribal Representative, regarding the response to COVID-19. Discussed challenges but have maintained their health.

GOOD OF THE ORDER

- Theresa Lehman, Tribal Representative, reported that the MAT clinic should finish final construction this month, November 2020.

ADJOURNMENT – Consensus for adjournment at 10:22 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Helen Havens, SBHASO Advisory Board
Commissioner Robert Gelder	Ileea Clauson, SBH-ASO Utilization Manager, Privacy and Compliance Officer	Joe Roszak, KMHS
Theresa Lehman, Tribal Representative	Doug Washburn, Kitsap Human Services	Lori Fleming, Jeff Co. CHIP
Celeste Schoenthaler, OCH Executive Director	Martiann Lewis, SBH-ASO Staff	Robert Welch, Interim Tribal Representative
<i>None Excused.</i>		

NOTE: These meeting notes are not verbatim.

SBH-ASO Non-Medicaid Revenue - Calendar Year 2021	
State (GFS)	\$4,084,320.00
Mental Health Block Grant (MHBG)	\$329,354.00
Substance Abuse Block Grant (SABG)	\$1,209,622.00
Designated Marijuana Account (DMA)	\$226,560.00
Criminal Justice Treatment Account (CJTA)	\$261,804.00
State Drug Court (CJTA)	\$210,876.00
CJTA Therapeutic Courts	\$227,700.00
Secure Detox	\$101,592.00
Jail Services	\$114,732.00
5480- ITA non-Medicaid	\$163,260.00
Program for Assertive Community Treatment (PACT)	\$138,996.00
Detention Decision Review	\$27,492.00
Long-term Civil Commitment	\$6,444.00
Trueblood Misdemeanor Diversion	\$131,280.00
Assisted Outpatient Treatment (AOT)	\$61,764.00
Crisis Triage/Stabilization	\$506,460.00
Behavioral Health Advisory Board	\$39,996.00
Ombuds	\$45,000.00
E&T Discharge Planners	\$143,058.00
Family Youth System Parent Round Table (FYSPRT)	\$75,000.00
Peer Bridger	\$160,000.00
ASO Enhancement Funds	\$219,912.00
HCA HARPS	\$750,000.00
Commerce HARPS	\$104,540.00
HCA Emergency COVID Grant	\$140,000.00
Total Non-Medicaid Revenue	\$9,479,762

Summary of Non-Medicaid Expenditures - January 1 - December 31, 2021		
		Comments
Crisis Line	\$200,000.00	Maintains 7/2020 compensation increase
Crisis Response/Mobile Outreach	\$1,854,000.00	Maintains 2020 compensation
Total Crisis	\$2,054,000.00	
Involuntary Psychiatric Inpatient	\$3,046,544.00	Budget allows for 37% increase over 2020.
ITA Secure Withdrawal Management and Stabilization	\$257,652.00	Budget allows for 300% increase over 2020. Anticipating increased length of stay for SUD ITA as a result of SB 1907.
ITA Court Costs	\$300,000.00	Allows for 20% increase over 2020.
LRA/CR Outpatient Monitoring	\$38,400.00	Allows for 250% increase. Anticipating increase in LRAs due to SB5720.
Total Involuntary	\$3,642,596.00	
SUD Outpatient (Adults and Youth)	\$125,560.00	Awarded through RFP.
Total Outpatient	\$125,560.00	
PPW Childcare	\$70,000.00	
PPW Housing Support	\$50,000.00	
Transportation	\$6,000.00	
SUD Recovery Supports	\$126,000.00	
CJTA	\$700,380.00	
E&T Discharge Planners	\$143,058.00	
Peer Bridger	\$160,000.00	
ASO Enhancement Payments	\$219,912.00	
PACT	\$138,996.00	
Jail Services	\$114,732.00	
Behavioral Health Advisory Board	\$4,996.00	
Community Education/Training	\$5,000.00	
FYSPT	\$15,000.00	
OMBUDS	\$50,000.00	
Interpreter Services	\$2,000.00	
HARPS Services/Subsidies/LTS	\$824,540	
Emergency COVID Grant	\$140,000	
Total Miscellaenous	\$2,518,614.00	
BH-ASO Administration	\$556,339.00	
BH-ASO Direct Support	\$331,653.00	
Other Operations Supporting Deliverables Based Contracts	\$125,000.00	
BH-ASO Operations	\$1,012,992.00	
Total Expenditures	\$9,479,762.00	

Medicaid Budget (DRAFT*): January - June 2021	
Estimated** Medicaid Revenue: January - June 2021	
MCO Revenue (Molina, United Healthcare, Amerigroup and Coordinated Care)	\$ 1,765,632
Total Medicaid Revenue	\$ 1,765,632
Medicaid Expenditures: January - June 2021	
Crisis Services	
Regional Crisis Line	\$ 118,002
Crisis Response Teams/Mobile Crisis Outreach	\$ 1,444,638
Other Medicaid Expenses	
Ombuds	\$ 30,000
BH-ASO Administration	\$ 172,992
Total Medicaid Expenses	\$ 1,765,632

**Draft budget proposed due to outstanding negotiations with United Health Care. Revenue reflects compensation that is being requested in these negotiations.*

*** Revenue is estimated as SBH-ASO is paid on a per member per month (PMPM) basis by each MCO. As Medicaid Membership fluctuates, so does Salish's Medicaid Revenue.*

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Other Operations Supporting Deliverables Based Contracts	\$125,000.00	
BH-ASO Operations	\$1,012,992.00	
Total Expenditures	\$9,479,762.00	

Medicaid Budget (DRAFT*): January - June 2021	
Estimated** Medicaid Revenue: January - June 2021	
MCO Revenue (Molina, United Healthcare, Amerigroup and Coordinated Care)	\$ 1,765,632
Total Medicaid Revenue	\$ 1,765,632
Medicaid Expenditures: January - June 2021	
Crisis Services	
Regional Crisis Line	\$ 118,002
Crisis Response Teams/Mobile Crisis Outreach	\$ 1,444,638
Other Medicaid Expenses	
Ombuds	\$ 30,000
BH-ASO Administration	\$ 172,992
Total Medicaid Expenses	\$ 1,765,632

**Draft budget proposed due to outstanding negotiations with United Health Care. Revenue reflects compensation that is being requested in these negotiations.*

*** Revenue is estimated as SBH-ASO is paid on a per member per month (PMPM) basis by each MCO. As Medicaid Membership fluctuates, so does Salish's Medicaid Revenue.*

SBH-ASO Risk Assessment

2020/2021

Definitions of Level of Risk (Low to High)		
Low Risk	Medium Risk	High Risk
<p>Managing effectively and no current risk or issues in this area. Potential and probability for problems to occur at this level are considered rare or unlikely. Awareness is important, and if changes occur in relationship to the item/issue, then it should be reviewed and discussed for changes in risk level. Insignificant to marginal consequences. Less than 10% chance of occurring.</p>	<p>Managing sufficiently and no current risk or issues in this area. Potential for problems to occur in a variety of ways: occasional, interval, infrequent, consistent and/or seldom. Such risks are moderate and may not require extensive changes and/or resources. Marginal to moderate consequences. Less than 50% chance of occurring.</p>	<p>Concerns for potential item/issue to result in a problem and/or issue; may require immediate action, procedural modifications, access to extensive resources, or changes to policies and procedures with timelines and/or deliberations. Moderate to critical consequences. High likelihood for occurring and/or between 60-90% chance of occurring.</p>

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
COVID-19 Pandemic				
<p>Implementation of Teleworking in response to COVID-19 safety guidance as there are increased risks related to privacy and security.</p>	<p>High</p>	<p>All staff were provided guidance information on working from home. This includes completing a Kitsap County employee VPN access request form.</p> <p>Staff obtained secure VPN access to remote into secure network.</p> <p>Maintained regular meetings via online platform to assist in regular check-ins and to ensure collaborative work continues.</p> <p>Staff education about which online platform to utilize based upon type of information shared.</p> <p>Development of written protocol for management of PHI while working remotely.</p>	<p>#1 Risk</p>	
Integrated Healthcare (Health Care Authority, HCA) 2020				

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
EHR/data platform changes create potential risk of data submission delays and can inhibit network oversight.	HIGH	Ensure technical and administrative support for all contractors via existing and ad-hoc meetings Continue to develop and monitor reports at the SBH-ASO level to identify and address concerns	#2 RISK	
Preventing Fraud, Waste, and Abuse (FWA)				
Maintaining up-to-date understanding of the importance of preventing fraud, waste, and abuse.	Medium	Trainings to be provided: Prior-to or within 90 days of contractor or SBH-ASO hires, and at least annually thereafter. Ensure contractor's staff clearly understand to report suspected fraud/abuse to the SBH-ASO and State, per policy SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components Quarterly SBH-ASO Quality and Compliance Committee (QACC) to share new information, problem solve, and discuss HHS/OIG news posted		All contractors have designated Compliance Officers
Business Practices				
Subcontractors and out-of-network providers not utilizing authorization or checking eligibility correctly.	Low	All authorizations are completed by the SBH-ASO. With the exception of ITA services, if authorization cannot be verified the SBH-ASO will not pay. Redundant systems in place to verify eligibility at authorization, re-authorization, and billing stages.		Ranking/identification of payor of a service is the responsibility of each BHA BHAs have multiple payors
Policy and Procedure accuracy – the pace of change and frequent contract changes have resulted in a challenge to timely updates of SBH-ASO policies and procedures.	Medium	The policies and procedures are reviewed and updated as frequently as contract and/or regulatory changes necessitate.	# 3 Risk	
Detecting Fraud, Waste, and Abuse (FWA)				

Item/Issue	Level of Risk	Steps to Mitigate Risk	Priority	Comments
Detecting Fraud, Waste, and Abuse in the provision of services and business practices	Low	SBH-ASO annual Monitoring Reviews, which include Fiscal, Clinical, and Program Integrity components SBH-ASO Grievance Monitoring Ensure methods for reporting suspected fraud, waste, and abuse are readily available to the public, clients, and subcontractors Routine SBH-ASO Integrated Providers Meetings and Quality Assurance and Compliance Committee Meetings		
Protected Health Information (PHI) & EHR Security Breaches:				
Work space security and privacy	Medium	Staff are instructed to ensure auditory privacy during phone conversations that contain PHI Policy requires keeping PHI locked in work spaces, unless in active use by an SBH-ASO staff Staff are instructed to take steps to reduce computer visibility by non SBH-ASO staff		
Electronic exchange of PHI between SBH-ASO staff and external recipients	Medium	SBH-ASO policy that all electronic communications which contain PHI must be encrypted. Regular review with staff of the need to ensure encryption is selected prior to transmitting PHI electronically.		
Integrity of Data	Low	Maintain current SBH-ASO Disaster Recovery Plans in alignment with Kitsap County Disaster Recovery Plans Ensure subcontractors maintain current Agency Disaster Recovery Plans		
Safety of the SBH-ASO Site:				
Maintenance of physical and security safeguards within the work place	Low	Periodic evaluations of facility security as available from Kitsap County management		

Chapter	Ch. #	Number	Title	Origin Date	EB Approval Date	Description of Updates	Next Review Date
Administration	1	AD100	Definitions	5/17/2019	Nov-19	<u>12/16/2020 REVISION:</u> 1. Aligned definitions with 2021 HCA SBH-ASO Contract Definitions 2. Removed definitions that are no longer needed	12/16/2021
Administration	1	AD104	Credentialing and Recredentialing of Providers	5/17/2019	Nov-19	<u>12/10/2020 REVISION:</u> 1. Complete rewrite of previously approved policy. 2. Addition of new contract requirements related to development of Credentialing Program.	12/31/1900
Clinical	2	CL203	Levels of Care	8/1/2019	Nov-19	<u>12/10/2020 REVISION:</u> 1. Removed definitions (relocated to Definitions P&P). 2. Updated SUDP language. 3. Updated Levels Table 4. Added table for services that do not require medical necessity. 5. Updated language and timelines to align with UM system processes 6. Added medical necessity criteria for psychological testing.	10/27/2021
Clinical	2	CL206	State Hospital Care Coordination	7/30/2019	19-Nov	<u>5/14/2020 REVISION:</u> 1. Added AI/AN language 2. Rearranged text for increased readability	5/14/2021
Clinical	2	CL207	Jail Transition Services	7/30/2019	19-Nov	<u>5/14/2020 REVISION:</u> 1. add MAT/MOUD language	5/14/2021
Compliance	3	CP304	Code of Conduct	1/1/2020		Created policy. Delayed presentation to Executive	12/31/1900
Compliance	3	CP304a	Code of Conduct	1/1/2020		Created policy. Delayed presentation to Executive	12/31/1900
Utilization Mana	8	UM801	Utilization Management Requirements	7/26/2019	Nov-19	<u>12/16/2020 REVISION:</u> 1. Increased specificity surrounding monitoring activities. 2. Updated authorization table to align with UM practices. 3. Updated certification/notification/authorization language to align with UM system.	10/29/2021
Utilization Mana	8	UM804	Access to Withdrawal Management SUD Services	8/1/2019	Nov-19	<u>5/11/2020 REVISION:</u> 1. Added clarifying language for emergent admission	5/11/2021
Utilization Mana	8	UM809	Access to Residential Substance Use Disorder Treatment Services	8/1/2019	Nov-19	<u>5/14/2020 REVISION:</u> 1. Replaced CDP with SUDP language 2. Added language for clarity about authorization decisions within 5 days when request is complete 3. Removed additional requirements for outpatient services post discharge. 4. Clarified language for advanced notice when denial is a termination of previously authorized period	5/14/2021
Utilization Mana	8	UM810	Criminal Justice Treatment Account	7/16/2019	Nov-19	<u>5/14/2020 REVISION:</u> 1. Added MAT/MOUD language	5/14/2021
Privacy & Securit	9	PS903a	Privacy and Security Policies Maintenance Plan	2/5/2020	May-20	<u>12/16/2020 REVISION:</u> 1. Updated training requirements timeline 2. Removed monitoring language to align with 2021 HCA Contract updates.	2/5/2021

Policy Name: DEFINITIONS

Policy Number: AD100

Effective Date: 1/1/2020

Revision Dates: 12/16/2020

Reviewed Date: 4/16/2019

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

DEFINITIONS

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

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

Administrative 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 Ombuds 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 Crisis Services (Crisis Services) – means providing evaluation

and short-term treatment and other services to Individuals with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the individual's health or safety. **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 HIPAA Privacy Rule which compromises the security or privacy of PHI, with the exclusions and exceptions listed in 45 C.F.R. § 164.402.

Business Hours – means 8:00 am to 5:00 pm Pacific Time, Monday through Friday, except for Holidays observed by the State of Washington.

Community Mental Health Agency (CMHA) – means an 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.

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.

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 persons 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), Ombuds, Tribal Entities, Department of Social and Health Services (DSHS) and other state Agencies, state and federal agencies and local partners that manage access to housing, education systems, Accountable Community of Health, and first responders.

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.

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 Administrator, Clinical Director, and Medical Director.

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 or RCW 71.34.755.

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

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.

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.

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.

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

Effective Date: 1/1/2020

Revision Dates: 12/3/20

Reviewed Date: 4/11/2019

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

PURPOSE

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

POLICY

1. SBH-ASO will collaborate with 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 re-credentialing of Health Care Professionals who have signed contracts or participation agreements with the SBH-ASO (Chapter 246-12 WAC). Credentialing processes supports administrative simplification efforts such as the OneHealthPort credentialing portal.
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 and provides a written decision within 60 days of application.
- d. Provides annual reviews of practitioner complaints for evidence of alleged discrimination.

PROCEDURE

1. 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.
2. The SBH-ASO recredentials providers, at minimum every thirty-six (36) months, through information verified from primary sources, unless otherwise indicated.
3. SBH-ASO ensures that information provided in its member materials and practitioner directories is consistent with information obtained during the credentialing process.
 - a. All provider files are reviewed to ensure they meet the SBH-ASO credentialing criteria.
 - b. If the provider does not meet the SBH-ASO's credentialing criteria, the file will be presented as an exception or "Pending" to the Credentialing Committee. The provider is notified of the issue(s) within 30 days and given 30 days from that notice to provide information to address the issue(s). If not received within this timeframe, the Credentialing Application will be denied.
 - c. 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.
4. 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)

OR

- ii. 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

- iii. 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. Exclusion on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) query.
- e. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) query.
- f. Verification of the National Plan Identifier (NPI) on the National Plan & provider Enumeration System (NPPES).
- g. Verification of Washington State Medicaid Exclusions lists.

- h. Copies of professional and general liability insurance (malpractice) of \$1 million/occurrence and \$2 million/aggregate for acute care settings and \$1 million/occurrence and \$2 million/aggregate for non-acute care settings.
 - 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.
 - i. 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.
 - j. Use and dissemination of the Washington Provider Application (WPA).
 - k. Prohibition against employment or contracting with providers excluded from participation in federal health care programs under federal law as verified through List of Excluded Individuals and Entities (LEIE).
- 5. 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.
- 6. Provisional credentialing protocol:
 - a. The practitioner 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; and
 - iii. A current signed application with attestation.
- 7. SBH-ASO notifies providers within fifteen (15) calendar days of the credentialing committee's decision.

8. 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.
9. SBH-ASO ensures confidentiality of all documents and decisions.
 - a. All credentialing documents are stored electronically or in a locked cabinet.
 - b. Shared documents redact sensitive information as appropriate.
10. SBH-ASO conducts monthly OIC, SAM, and Washington State Exclusion check for individuals identified on the Medicaid Provider Disclosure Statement/Disclosure of Ownership (DOO).
11. 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 individual or groups of providers in its provider network, it must give the affected providers written notice of the reason for its decision.
12. Designated Crisis Responder (DCR) Requirements:
 - a. All candidates for DCR designation will complete the SBH-ASO 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 registration or certificate (to include 2-day SUD training certificate if completed prior to January 1, 2020)
 - iv. Safety Training documentation within the past 24 months
 - v. Professional Ethics training documentation within the past 24 months.
 - vi. DOH approved Suicide Prevention training documentation within the past 24 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.

13. Individual Practitioners

- a. The criteria used by the SBH-ASO to credential and recredential individual practitioners shall include:
 - i. Evidence of a current valid license or certification to practice;
 - ii. A valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substances (CDS) certificate if applicable;
 - iii. Evidence of appropriate education and training;
 - iv. Board certification if applicable;
 - v. Evaluation of work history;
 - vi. A review of any liability claims resulting in settlements or judgments paid on or on behalf of the provider; and
 - vii. A signed, dated attestation statement from the provider that addresses:
 - a. The lack of present illegal drug use;
 - b. A history of loss of license and criminal or felony convictions;
 - c. A history of loss or limitation of privileges or disciplinary activity;
 - d. Current malpractice coverage within minimum limits;
 - e. Any reason(s) for inability to perform the essential functions of the position with or without accommodation; and
 - f. Accuracy and completeness of the application.
 - viii. Verification of the: NPI, the provider's enrollment as a Washington Medicaid provider, and the Social Security Administration's death master file.
- b. Organizational credentialing timeframes, notifications, and appeal rights also apply to the credentialing of individual practitioners.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: LEVELS OF CARE

Policy Number:
CL203

Effective Date: 1/1/2020

Revision Dates: 12/10/2020

Reviewed Date: 10/8/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

POLICY

- A. Prior to the initiation of voluntary treatment in Community Hospitals, E&T settings, SUD or MH Residential, planned withdrawal management, or outpatient services, individuals must be authorized to receive such services. Eligibility is confirmed by SBH-ASO Mental Health Professionals (MHP) or Substance Use Disorder Professional (SUDP) at every point in time that an authorization for services is requested.
- B. Authorization is not required prior to the initiation of crisis services or involuntary behavioral health treatment.
- C. Authorization, denial, and adverse authorization determinations are made by the SBH-ASO, based upon a determination of medical necessity, eligibility, and/or availability of resources. For determinations based upon medical necessity a comprehensive evaluation or treatment plan is required. Authorization decisions and notification timelines are as follows:
 - 1. Psychiatric Inpatient authorizations: Acknowledge receipt within two (2) hours, notice of decision within 12 hours. Post-service (retroactive) authorizations: Decision made within 30 calendar days of receipt, notice of decision within two (2) business days.
 - 2. Adverse authorization decisions involving an expedited authorization request: May initially provide notice orally; must provide written notification

of the decision within 72 hours of the decision.

3. For denial of payment that may result in payment liability for the Individual, the Individual is notified at the time of any action affecting the claim.
 4. If SBH-ASO does not reach service authorization decisions, when supplied with all required information necessary to make a determination, within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination.
 - i. If SBH-ASO finds that there are Grievances being reported due to non-timely authorization decisions, then SBH-ASO will utilize the SBH-ASO Leadership Team, Internal Quality Committee (IQC) and Quality Assurance and/or Compliance Committee (QACC) to address the issue and monitor improvement.
 5. SBH-ASO tracks authorization decision timelines and produces a quarterly report that is reviewed as part of the Quality and Compliance Committee (QACC).
 6. If SBH-ASO subcontractors fail to submit timely authorization requests, SBH-ASO may require development of a Corrective Action Plan (CAP) under the oversight of the SBH-ASO Leadership Team, Internal Quality Committee (IQC) and Quality Assurance and/or Compliance Committee (QACC).
- D. Authorization is provided for a *Level of Care* rather than for specific covered benefits available within that Level of Care. SBH-ASO reserves the right to determine the location at which the level of care is provided. The specific services to be rendered are identified during the treatment planning process, which occurs in collaboration with the individual and/or his/her advocate.
- E. SBH-ASO designates a Children's Specialist that meets WAC requirements to oversee the authorizations of individuals under the age of twenty-one (21).
- F. SBH-ASO designates an Addiction Specialist who is a licensed Substance Use Disorder Professional to oversee the authorizations of individuals with Substance Use Disorders.
- G. SBH-ASO ensures that all ASO UM staff making service authorization decisions have been trained and are competent in working with the specific area of service which they are authorizing and managing, including but not limited to, co-occurring mental health and Substance Use Disorders (SUDs), co-occurring behavioral health and medical diagnoses, and co-occurring behavioral health, individuals of all ages with a SUD and who are receiving medication-assisted treatment, and Individuals Intellectual/Developmental Disability (I/DD). UM protocols shall recognize and respect the cultural needs of diverse populations.
- H. The SBH-ASO UM staff are trained in the application of UM protocols, and communicating the criteria used in making UM decisions.
1. Authorization reviews shall be conducted by state licensed Behavioral Health Professionals with experience working with the populations and/or

settings under review.

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

PROCEDURE

Levels of Care	Modalities
Level 3 Services	Services provided at Community Hospitals or E&T Facilities
	Secure Withdrawal Management
Level 2 Services	Intensive Inpatient Residential Treatment Services – SUD
	Long Term Care Residential – SUD
	Mental Health Residential
	Recovery House Residential Treatment – SUD
Level 1 Services	Assessment
	Brief Intervention
	Brief Outpatient Treatment
	Case Management
	Day Support
	Engagement and Referral
	Evidenced Based/Wraparound
	Family Treatment
	Group Therapy
	High Intensity Treatment
	Individual Therapy
	Intake Evaluation
	Intensive Outpatient Treatment – SUD
	Medication Management
	Medication Monitoring
Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)	

	Outpatient Treatment
	Peer Support
	Program of Assertive Community Treatment
	Psychological Assessment/Testing
	Rehabilitation Case Management
	Services/Interim Services
	Special Population Evaluation
	TB Counseling, Screening, Testing and Referral
	Therapeutic Psychoeducation
	Urinalysis/Screening Test
Level 0 Services	Acute Withdrawal Management
	Facility Based Crisis Stabilization Services
	Sub-Acute Withdrawal Management
Services and Supports to which non-Medical necessity criteria apply	Alcohol and Drug Information School
	Childcare Services
	Community Outreach
	Continuing Education
	PPW Housing Support
	Recovery Support Services
	Sobering Services
	Transportation
	Urinalysis for CJTA individuals

Level 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 inpatient hospitalizations is subject to the following considerations:

- 1.1. Involuntary placements are authorized based on legal status and not medical necessity.

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 above, authorization for admission to the inpatient level of care is based upon the following clinical findings:

- 2.1. The individual's behavior is judged unmanageable in a less restrictive setting due to **any one of the following:**

- 2.1.1. Danger to self, e.g., suicidal behavior, self-mutilation;

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

- 3.2. The individual requires this level of intensive treatment to stabilize symptoms and behaviors (such as due to continued high risk impulsivity; ongoing medication adjustments that require medical monitoring)
 - 3.3. There is a clear treatment plan with measurable and objective goals; and
 - 3.4. The individual is making progress toward treatment goals, or in the absence of such progress, the treatment plan has been revised to address the issues preventing progress.
 - 3.5. Continued Stay authorization requests must be submitted to the SBH-ASO at a minimum by one (1) business day prior to the expiration of the current authorization period.
 - 3.6. Authorization decisions for approval or denial of continued stay must be made within 12 hours of the continued stay authorization request.
4. **Individual Authorization Protocol.** Initial and extended prior authorizations are required for all voluntary individual hospitalizations.
- 4.1. **Involuntary Treatment Act Detention Notification Protocol**
 - 4.1.1. Prospective Authorization is not required for ITA detentions.
 - 4.1.2. Admitting inpatient facility submits notification using the SBH-ASO protocol (see SBH-ASO Supplemental Provider Guide) within twenty-four (24) hours of admission.
 - 4.1.3. Notification of certification will be provided to admitting facility within 2 hours.
 - 4.2. **Post Service Certification Requests**
 - 4.2.1. An inpatient unit that rendered ITA detention services to an SBH-ASO Individual may submit a retro-certification request.
 - 4.2.2. Certification decisions shall be made within thirty (30) calendar days of receipt of the request.
 - 4.2.3. Notification of certification decision shall be provided within two (2) business days.
 - 4.3. **Voluntary Psychiatric Inpatient Authorization Protocol – within available resources**
 - 4.3.1. Facility or entity referring individual for voluntary psychiatric inpatient care submits an authorization request using the SBH-ASO protocol prior to provision of care.
 - 4.3.2. Authorization decisions for approval, denial based on medical necessity, or adverse authorization decision based on available resources shall be made within 12 hours of the authorization request.
5. **Discharge.** Discharge planning starts upon admission. Criteria for discharge from the inpatient level of care include:
- 5.1. The individual's symptoms and functioning have sufficiently improved so as to

no longer warrant 24-hour observation and treatment.

- 5.2. The individual has demonstrated an unwillingness to actively participate in treatment and fails to meet involuntary treatment criteria.
 - 5.3. The individual withdraws consent for inpatient treatment or fails to meet involuntary treatment criteria.
6. **Legal Status Changes.** With legal status changes within a treatment episode, the treating facility must complete prospective authorization request within 2 hours of legal status change.
- 6.1. A new authorization number must be requested to indicate legal status change.
7. **Inpatient Facility Transfers.** With changes within a treatment episode, an individual can be transferred from one inpatient facility to another.
- 7.1. A new authorization number must be requested to differentiate between inpatient facilities.

Level 2 Services

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

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 five (5) business days prior to the expiration of the current authorization period.

5. **Discharge** – Discharge planning begins at admission. Individuals are ready for discharge from residential treatment services when
 - 5.1. The individual no longer meets medical necessity requirements determined by a review of ASAM by a SUD or a SUDPT under supervision of a SUDP supervisor;
 - 5.2. Or if consent for treatment is withdrawn;
 - 5.3. Or loss of financial eligibility or lack of available resources.

Mental Health Residential Treatment Services – *within available resources*

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

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

ensure the Individual receives an intake assessment by a licensed Mental Health Professional (MHP) to determine medical necessity for mental health residential treatment.

1. Mental Health Residential Exclusionary Criteria: Individual has a psychiatric condition that requires a more intensive/restrictive option (such as an inability to avoid self-harming behaviors or command hallucinations that the person is unable to ignore);
 2. Individual is actively suicidal or homicidal;
 3. Individual is chemically dependent on alcohol/drugs and in need of medical detoxification;
 4. Individual has a recent history of arson, serious property damage, or infliction of bodily injury on self or others. This exclusion can be waived based upon the accepting facility's evaluation of individual's functioning.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Continued stay eligibility criteria are as follows:
- 3.1. Admission criteria for residential services continues to be met.
 - 3.2. The individual must have a treatment plan that identifies need and measurable goals for residential services. The individual must be making progress toward treatment goals.
4. **Authorization Protocol.** Initial and extended prior authorizations are required for MH Residential Level of Care.
- 4.1. The Provider must submit an Authorization request using the SBH-ASO protocol a minimum of five (5) business days prior to the expected admission date and a maximum of fourteen (14) days prior to the expected admission date.
 - 4.2. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within made within five (5) calendar days.
 - 4.4. Continued stay authorization requests must be submitted using the SBH-ASO protocol five (5) 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;
- Or loss of financial eligibility or lack of available resources.

Level 1 Services

Outpatient behavioral health services.

Mental Health Outpatient Services – *within available resources*

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

Mental Health Outpatient – Standard – *within available resources*

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

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

- 2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.
- 2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI) 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.

Continued Stay. Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available

resources. The treating entity must establish continuing stay criteria based on the above medical necessity criteria, to include a system that allows for movement along a continuum of care inclusive of discontinuing or reducing treatment services in lieu of alternative services and supports.

3. **Authorization Protocol.** Initial and extended prior authorizations are required for MH Outpatient Standard Level of Care.
 - 3.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 3.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 3.3. Authorization decisions shall be made within five (5) calendar days.
 - 3.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.

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

Behavioral Health Outpatient – LR/CR/AOT

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

1. **Length of Stay.** Authorized 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. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet legal status criteria.
4. **Authorization Protocol.** Initial and extended prior authorizations are required for BH Outpatient LR/CRO Level of Care.
 - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within five (5) calendar days.
 - 4.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.
5. **Discharge.** Discharge from care is based upon one or more of the following:
 - 5.1. Resolution of LR/CR/AOT Order.
 - 5.2. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
 - 5.3. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
 - 5.4. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

Mental Health Outpatient - PACT– *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and are authorized within available resources.
 For outpatient mental health PACT authorizations, the five (5) medical necessity criteria are:
 - 2.1. The individual has a mental illness as determined by a Mental Health

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

AND PACT criteria listed below:

- 2.6. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness, be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous high service needs, functional impairments and have difficulty effectively utilizing traditional office-based services or other less intensive community-based programs.
 - 2.7. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) and bipolar disorder. Individuals with a primary diagnosis of substance use disorder (SUD), intellectual/developmental disability, brain injury, or personality disorder are not clinically appropriate for PACT services.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Individuals must also continue to meet PACT criteria.
 4. **Authorization Protocol.** Initial and extended prior authorizations are required for MH Outpatient PACT Level of Care.
 - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within five (5) calendar days.
 5. Continued Stay authorization requests must be submitted using the SBH-ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period **Discharge**. Discharge from care is based upon one or more of the following:
 - 5.1. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.

- 5.2. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
- 5.3. The individual is not participating in treatment and does not meet criteria for involuntary treatment.
- 5.4. The individual (or the legal guardian) requests that services be discontinued.
- 5.5. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.
- 5.6. Loss of eligibility or lack of available resources.

Psychological Assessment/Testing

Medical necessity criteria for Psychological Assessment/Testing:

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

The psychological testing outcome could not otherwise be ascertained during:

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

All of the following criteria must be met:

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

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

- A. Autism spectrum disorders

- B. Attention deficit disorder
- C. Attention deficit hyperactivity disorder
- D. Tourette's syndrome

Psychological testing is not covered for the following:

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

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

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

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

2. **Admission.** SBH-ASO recognizes the two, subdivided levels of outpatient services for children and adults, as defined within the ASAM criteria. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity as outlined in the current ASAM Level of Care criteria on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and will be authorized within available resources. Medical necessity is determined by ASAM Level.

3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. It is appropriate to retain the individual at the present level of care if they continue to meet ASAM Level of Care criteria for this service level. ASAM must be updated within ten (10) business days of the request for continued stay.

Authorization Protocol. Initial and extended prior authorizations are required for SUD Outpatient Standard Level of Care.

- 3.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

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

- 3.3. Authorization decisions shall be made within five (5) calendar days.
- 3.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol at a minimum five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.

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

Continued Stay. Individuals who require services beyond the initial treatment period must continue to meet medical necessity as outlined in the current ASAM Level of Care criteria, financial eligibility and are authorized within available resources.

3. **Authorization Protocol.** Initial and extended prior authorizations are required for SUD Outpatient OTP Level of Care.

- 3.1. The treating Provider must submit an Authorization Request

using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

- 3.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 3.3. Authorization decisions shall be made within five (5) calendar days.
 - 3.4. Continued Stay authorization requests must be submitted using the SBH- ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.
4. **Discharge.** It is appropriate to transfer or discharge the individual from the present level of care if the individual meets one or more of the following criteria:
- 4.1. The individual has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.
 - 4.2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
 - 4.3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.

Level 0 Services

Acute Withdrawal Management (ASAM 3.7), Sub-Acute Withdrawal Management (ASAM 3.2), Facility Based Crisis Stabilization Services

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

1. **Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity as outlined in the current SBH-ASO Level of Care criteria. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.
2. **Admission.** Crisis stabilization services may be provided when the Individual meets medical necessity (as outlined in the current SBH-ASO Level of Care criteria)

financial eligibility, and provided within available resources. In addition to confirmation of medical necessity, notification to the SBH-ASO within twenty-four (24) hours is required for admission to facility-based crisis triage or crisis stabilization. Services are based upon the individual having met all of the following:

- 2.1. The individual is currently experiencing a behavioral health crisis and determined by a Designated Crisis Responder (DCR), Hospital Emergency Department Physician, or Law Enforcement, that stabilization services are needed.
- 2.2. Individual is experiencing a behavioral health crisis that cannot be addressed in a less restrictive setting.

3. **Continued Stay Criteria:** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Authorization for stay beyond the initial certification period is contingent to all of the following criteria:

- 3.1. Admission criteria and medical necessity as per the SBH-ASO Level of Care criteria continues to be met.
- 3.2. A less restrictive setting would not be able provide needed monitoring to address presenting problem.
- 3.3. Stabilization services continue to be needed to reduce symptoms and improve functioning.
- 3.4. After care planning has been established and discharge planning includes transitioning to a less restrictive setting.

4. Authorization Protocol.

- 4.1. The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.
- 4.2. The treating **Provider** provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.
- 4.3. Concurrent Authorization decision will be made within one (1) business day of receipt. Continued Stay Authorization Requests must be submitted using the SBH- ASO protocol within one (1) business day before the expiration of the current authorization period.

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

- 5.1. Functional status indicates the individual no longer needs 24/7 monitoring

and a lower level of care is indicated and available.

- 5.2. Individual is not making progress toward treatment goals.
- 5.3. Individual transitions to a more appropriate level of care is indicated.
- 5.4. Loss of financial eligibility or lack of available resources.

Substance Abuse Withdrawal Management – *within available resources*

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

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

Authorization Protocol.

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

- Law Enforcement
- Emergency Department
- Designated Crisis Responder (DCR) in consultation with a Substance Use Disorder Professional (SUDP)

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.

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

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

Clinically Managed Residential Withdrawal Management - ASAM Level 3.2

- 1. **Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity (as per the current ASAM Level of Care criteria). Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.
- 3. **Admission.** Non-crisis services may be provided when the Individual meets medical necessity, financial eligibility, and within available resources. In addition to confirmation of medical necessity as per ASAM guidelines, notification to the SBH-

ASO within twenty-four (24) hours is required for admission to withdrawal management.

4. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity (according to the current ASAM Level of Care criteria), financial eligibility and within available resources.

5. **Authorization Protocol.**

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

- Law Enforcement
- Emergency Department Physician
- Designated Crisis Responder (DCR) in consultation with a Substance Use Disorder Professional (SUDP)

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

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

4.2.7 Concurrent Authorization decision will be made within one (1) business day from receipt.

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

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

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

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

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

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

5 **Discharge.** The individual continues in a Level 3.2 WM program until:

5.1. Functional status indicates the individual no longer needs 24/7 monitoring

and a lower level of care is indicated and available.

5.2. Individual is not making progress toward treatment goals.

5.3. Individual transitions to a more appropriate level of care is indicated.

5.4. Loss of financial eligibility or lack of available resources.

4.3.5

Services that no not require medical necessity:

Service	Authorization Criteria	Comments
Alcohol/Drug Information School	<ul style="list-style-type: none"> • 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 	<p>Within Available Resources</p> <p>Not currently funded</p>
Childcare	<ul style="list-style-type: none"> • 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 	<p>Within Available Resources</p>
Community Outreach – SABG priority populations PPW and IUID	<ul style="list-style-type: none"> • 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 	<p>Within Available Resources</p>
Continuing Education and Training	<ul style="list-style-type: none"> • 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. 	<p>Within Available Resources</p>
PPW Housing Support Services	<ul style="list-style-type: none"> • 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. 	<p>Within Available Resources</p>
Recovery Support Services	<ul style="list-style-type: none"> • 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 	<p>Within Available Resources</p> <p>Not currently funded</p>

Sobering Services.	<ul style="list-style-type: none"> • 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. 	<p>Within Available Resources</p> <p>Not currently funded</p>
Therapeutic Interventions for Children.	<ul style="list-style-type: none"> • 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 	<p>Within Available Resources</p>
Transportation	<ul style="list-style-type: none"> • Provided to individuals with Behavioral health diagnosis • Agency based • Provided as part of Treatment plan • Provided for individuals to and from behavioral health treatment. 	<p>Within Available Resources</p>

Policy Name: STATE HOSPITAL CARE
COORDINATION

Policy Number: CL206

Effective Date: 1/1/2020

Revision Dates: 5/14/2020

Reviewed Date: 7/30/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

POLICY

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

PROCEDURE

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

1. The SBH-ASO is responsible for coordinating discharge for assigned Individuals.

- a) The Contractor shall meet the requirements of the State Hospital MOU or Working Agreement.
 - b) The Contractor shall ensure individuals are medically cleared, if possible, prior to admission to a State Psychiatric Hospital or 90/180 Community Civil Commitment facility.
 - c) The Contractor shall use best efforts to divert admissions and expedite discharges by using alternative community resources and mental health services, within Available Resources.
2. The SBH-ASO liaison works with the discharge team to identify potential placement options and resolve barriers to placement, to assure that individuals will be discharged back to the community after the physician/treatment team determines the individual is ready for discharge.
3. The Contractor shall provide the following services for American Indian/Alaska Native Individuals in fee for service who have opted out of managed care:
 - a. Crisis services and related coordination of care;
 - b. Involuntary commitment evaluation services; and
 - c. Services related to inpatient discharge and transitions of care.
 - d. Assistance in identifying services and resources for individuals with voluntary admissions.
4. The SBH-ASO Providers monitor Individuals discharged from inpatient hospitalizations or Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements (see SBH-ASO Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order Policy).
5. The SBH-ASO coordinates with Providers to offer mental health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.
6. The SBH-ASO responds to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with RCW 71.05.340. The SBH-ASO coordinates with Providers to facilitate access to mental health services to Individuals who are ineligible for Medicaid to ensure compliance with conditional release requirements (RCW 10.77.150 and 71.05.340).
7. Non-Medicaid Conditional Release Individuals in transitional status in Pierce or Spokane County will transfer back to the region they resided in prior to entering the State Hospital upon completion of transitional care. Individuals residing in the Salish RSA prior to admission and discharging to another RSA will do so according to the agreement established between the receiving RSA and the SBH-ASO. The Agreements shall include:
 - a. Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital.

- b. Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community MH or SUD providers, etc.
 - c. Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in the Salish RSA.
 - d. SBH-ASO/Providers shall screen individuals and assist in Medicaid enrollment in partnership with State Hospital financial services.
 - e. When Individuals being discharged or diverted from state hospitals are placed in a long-term care setting, the SBH-ASO partners with Providers to:
 - a) Coordinate with DSHS Aging and Long-Term Services Administration (AL TSA) Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement. The model crisis plan format is available on the HCA website.
 - b) Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the Individual meets access to care criteria.
8. The SBH-ASO implements a program that follows program and reporting standards found in the Peer Bridger Exhibit of the HCA BH-ASO contract.

Policy Name: JAIL TRANSITION SERVICES

Policy Number: CI207

Effective Date: 1/1/2020

Revision Dates: 5/14/20

Reviewed Date: 7/19/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) Providers provide Jail Transition Services for incarcerated individuals residing in the Salish RSA in accordance with the HCA BH-ASO Contract.

PROCEDURE

1. SBH-ASO Jail Transition Services are to be provided within available resources.
 - a. SBH-ASO and Providers coordinate with local law enforcement and jail personnel to meet the needs of individuals detained in city, county, Tribal, and regional jails.
 - b. Providers must identify and provide transition services to persons with mental illness and/or co-occurring disorders to expedite and facilitate their return to the community.
 - c. Providers accept referrals for intake of persons who are not enrolled in community mental health services but who meet priority populations as defined in Chapter 71.24 RCW. SBH-ASO Providers must conduct mental health intake assessments for these persons and, when appropriate, provide transition services prior to their release from jail.
 - d. SBH-ASO Providers shall assist Individuals with mental illness in completing and submitting an application for medical assistance prior to release from jail.
2. Providers assist Individuals with mental illness and/or co-occurring disorders with the coordination of the re-activation of Medicaid benefits if those benefits

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

3. Pre-release services include:
 - a. Mental health and Substance Use Disorder (SUD) screening for Individuals who display behavior consistent with a need for such screening, who submit a request for services, or who have been referred by jail staff or officers of the court.
 - b. Mental health intake assessments for persons identified during the mental health screening as a member of a priority population.
 - c. Facilitation of expedited medical and financial eligibility determination with the goal of immediate access to benefits upon release from incarceration.
 - d. Other prudent pre-release and pre-trial case management and transition planning.
 - e. Direct mental health or SUD services to Individuals who are in jails that have no mental health staff.
4. Post-release outreach to ensure follow-up for mental health and other services (e.g., SUD) to stabilize Individuals in the community.
5. If the SBH-ASO has provided the jail services in this section the SBH-ASO may also use the Jail Coordination Services funds, if sufficient, to facilitate any of the following:
 - a. Daily cross-reference between new booking and the Data Store to identify newly booked persons.
 - b. Develop individual alternative service plans (alternative to the jail) for submission to the courts. Plans will incorporate evidence-based risk assessment screening tools.
 - c. Inter-local Agreements with juvenile detention facilities.
 - d. Provide up to a seven (7) day supply of medications for the treatment of mental health symptoms following the release from jail.

Training to local law enforcement and jail services personnel regarding de-escalation, crisis intervention, and similar training topics.

Policy Name: CODE OF CONDUCT

Policy Number: CP304

Effective Date: 1/1/2020

Revision Dates: 1/5/2021

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To outline the scope, responsibilities, and operational guidelines, and activities employed by the Salish Behavioral Health Administrative Services Organization (SBH-ASO) to ensure maintenance of an environment that facilitates ethical behaviors and activities in accordance with federal and state laws and regulations.

POLICY

SBH-ASO is committed to ensuring that the SBH-ASO Community, which includes employees (paid and volunteer) and board members, conduct their activities professionally, ethically, and in compliance with all applicable state and federal statutes, regulations, and guidelines applicable to Federal Health Care programs and with all SBH-ASO Policies and Procedures.

SBH-ASO establishes this Code of Conduct to ensure that the SBH-ASO Community will know and understand expectations of behavior.

This Code is not meant to answer every question that might arise in daily activities; however, it does provide guidelines, direction, and resources that can be used to respond to matters and circumstances in the course of performing SBH-ASO duties. No set of guidelines, including these, can ever substitute for the sound judgment, common sense, and personal integrity required to meet the challenges of the job.

The SBH-ASO Community is responsible for understanding and adhering to this Code of Conduct. Inherent in this Code are the following principles by which all employees (paid and volunteer) and board members, as applicable, will abide:

Principle 1 - Legal Compliance and Ethical Business Practices

- 1.1 Business conducted complies with all relevant local, state, and federal laws, rules, and ordinances.
- 1.2 Business practices are conducted truthfully, fairly, and without deception.
- 1.3 SH-ASO Facilities and resources are used solely for its benefit.
- 1.4 The SBH-ASO does not discriminate. The SBH-ASO believes in the fair and equitable treatment of Individuals, providers, employees (paid and volunteer), and board members.
- 1.5 SBH-ASO Community conduct all activities in accordance with the highest ethical standards.
- 1.6 SBH-ASO cooperates with government inquiries and investigations as required by law.

Principle 2 – Confidentiality

- 2.1 SBH-ASO Community abides by the Health Insurance Portability and Accountability Act (“HIPAA”), applicable policies and procedures, and 42 CFR Part 2. The confidentiality of all medically and clinically sensitive and personal and proprietary information is protected.
- 2.2 Proprietary information is protected and only shared with SBH-ASO Community having a need to know such information to perform their job responsibilities.

Principle 3 - Avoid Real and Apparent Conflicts of Interest

- 3.1 SBH-ASO Community is obligated to avoid situations or conduct that could influence (or appear to influence) objective decisions in the performance of assigned duties and responsibilities—or that could raise questions as to the honesty and integrity of SBH-ASO or negatively impact its reputation. The SBH-ASO Privacy/Compliance Officer and Administrator are available for consultation regarding these concerns.
- 3.2 Business transactions with vendors, contractors, and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Principle 4 - Protection of Assets

- 4.1 SBH-ASO Community will strive to preserve and protect the assets of SBH-ASO by making prudent and effective use of the SBH-ASO’s resources, and when applicable to the individuals role, properly and accurately reporting its financial condition.

PROCEDURE

All employees (paid and volunteer) and board members are responsible to:

1. Know the existing laws, regulations, and ordinances relevant to the management of a multi-member government behavioral health system.

2. Conduct business in a professional manner that respects the rights and decisions of others, fosters cooperation and integration, respects diversity and is in the best interest of the SBH-ASO.
3. Professionally participate in the development, adoption, and adherence to relevant policies to be used in the operations of the SBH-ASO.
4. Ensure the Individual's voice is heard and considered prior to making policy decisions.
5. Improve the public knowledge and perception of SBH-ASO and the SBH-ASO provider network.
6. This Code of Conduct Policy and Procedure will be reviewed on an annual basis and updated as necessary. All parties are encouraged to suggest changes or additions to this Code.
7. All SBH-ASO Community will review and attest to this Code of Conduct by signing an attestation annually.

MONITORING

1. Consequences for noncompliance by SBH-ASO employees (paid and volunteer) will rely on Kitsap County Personnel Policies and Procedures.
2. Reports of any concerns may be made to any SBH-ASO Staff including the SBH-ASO Compliance Officer.
3. SBH-ASO Staff are required to report allegations, known or suspected violations of any laws, acts, statutes, or regulations that are discovered in the performance of their duties. Reports can be made to the SBH-ASO Leadership or Compliance Officer.
4. If SBH-ASO Staff know of a violation but fail to report it, that individual could be considered a party to the violation.
5. If anyone ever felt retaliated against for making a report, the individual should contact the SBH-ASO Compliance Officer immediately.



Salish Behavioral Health Administrative Services Organization Code of Conduct Attestation

Attestation/Affirmation for all Board Members and Employees (paid and volunteer):

I attest and affirm that I will strictly follow the policies and guidelines of the Code of Conduct of the Salish Behavioral Health Administrative Services Organization (SBH-ASO) as they apply to me. My observance of these policies and guidelines is a condition of my working with or participating in the SBH-ASO.

- I hereby acknowledge that I have received, on the date below, a copy of the SBH-ASO Code of Conduct Policy and Procedure CP304.
- I have read the document, understand its meaning, and agree to conduct myself in accordance with these policies and guidelines.
- I understand that violations of the Code of Conduct, or failure to take action mandated by this Code of Conduct are grounds for disciplinary action.

Signature

Print Name

Date

Policy Name: UTILIZATION MANAGEMENT
REQUIREMENTS

Policy Number: UM801

Effective Date: 01/01/2020

Revision Dates: 12/16/2020

Reviewed Date: 07/26/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To provide an overview of the Utilization Management Requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO). The SBH-ASO has a utilization management program (UMP) to ensure the application of resources in the most clinically appropriate and cost-effective manner.

POLICY

Utilization Management (UM) activities will be conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible Individuals in the Salish Regional Service Area (RSA). SBH-ASO ensures all UM activities are structured to not provide incentives for any person or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.

PROCEDURE

SBH-ASO Behavioral Health Medical Director provides guidance, leadership, and oversight of the Utilization Management (UM) program for Contracted Services used by Individuals. The following activities may be carried out in conjunction with the administrative staff or other clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:

1. Processes for evaluation and referral to services.
2. Review of consistent application of criteria for provision of services within available resources and related grievances.
3. Review of assessment and treatment services against clinical practice standards. Clinical practice standards include, but are not limited to,

evidenced-based practice guidelines, culturally appropriate services, and discharge planning guidelines and activities, such as coordination of care.

4. Monitor for over- and under-utilization of services, including Crisis Services.
5. Ensure resource management and UM activities are not structured in such a way as to provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services.

SBH-ASO maintains UM protocols for all services and supports funded solely or in part through General Fund State (GFS) or Federal Block Grant (FBG) funds. The UM protocols comply with the following provisions:

1. Policies and procedures that establish a standardized methodology for determining when GFS and FBG resources are available for the provision of behavioral health services. The processes and methodology include the following components:
 - i. An aggregate of spending across GFS and FBG fund sources under the Contract.
 - ii. For any case-specific review decisions, the SBH-ASO maintains Level of Care Guidelines for making authorization, continued stay, and discharge determinations. The Level of Care Guidelines address GFS and Substance Abuse Block Grant (SABG) priority population requirements. SBH-ASO utilizes American Society of Addiction Medicine (ASAM) Criteria to make placement decisions for all SUD services.
 - iii. SBH-ASO monitors reports (such as spending and authorization reports) at a minimum of monthly to address under- or over-utilization patterns with providers to avoid unspent funds or gaps in service at the end of a contract period due to limits in available resources.
 - A. The SBH-ASO Leadership Team reviews spending at least quarterly to identify any needed budget adjustments
 - iv. SBH-ASO provides education and technical assistance to address issues related to quality of care, medical necessity, timely and accurate claims submission, or aligning service utilization with allocated funds to avoid disruption in service or unspent funds at the end of a contract year. This occurs in quarterly Integrated Provider Meetings, quarterly Quality and Compliance Committee Meetings, and monthly Crisis Provider Meetings. Technical assistance is provided to individual providers on an as needed basis, upon request, or in alignment with corrective action plans.
 - v. SBH-ASO issues corrective actions with providers, as necessary, to address issues regarding compliance with state and federal regulations or ongoing issues with patterns of service utilization.

- vi. A process to make payment denials and adjustments when patterns of utilization deviate from state, federal, or Contract requirements (e.g., single source funding).
 - A. In addition to monitoring for under or over utilization as noted above in (iii), the SBH-ASO Leadership Team will evaluate utilization patterns for deviations from expected norms on at least a semi-annual basis. If concerns are identified by the SBH-ASO Leadership Team, the SBH-ASO Contracts Administrator will initiate contact with the identified provider(s) to address concerns. Remediation may include Corrective Action, payment adjustments or denials and/or initiating contract termination in accordance with the SBH-ASO contract provisions, if appropriate.
 - vii. SBH-ASO information systems enables paperless submission, automated processing, and status updates for authorization and other UM related requests through the Salish Notification Authorization Program (SNAP)..
 - viii. SBH-ASO maintains information systems that collect, analyze and integrate data that can be submitted for utilization management purposes.
2. SBH-ASO monitors provider discharge planning to ensure providers meet requirements for discharge planning. This is accomplished by:
 - i. Monthly review of Discharge Planner Report from in region Evaluation and Treatment Centers.
 - ii. SBH-ASO Care Managers begin coordinating discharge upon an individual's admission and elevate barriers to discharge to the SBH-ASO Leadership Team.
 3. SBH-ASO provides ongoing education to its UM staff in the application of UM protocols including the criteria used in making UM decisions. UM protocols address the cultural needs of diverse populations.
 4. SBH-ASO UM staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing and managing. This occurs during on-going SBH-ASO Clinical Meetings as well as SBH-ASO Data and Development Meetings for SNAP.
 5. SBH-ASO employs mechanisms to ensure consistent application of UMP review criteria for authorization decisions.
 - i. SBH-ASO has mechanisms in place for an annual assessment of interrater reliability of all clinical professionals and non-clinical staff involved in UM determinations.

6. Policies and procedures related to UM comply with and require the compliance of subcontractors with delegated authority for UM requirements described in this section.
7. SBH-ASO sub-contractors must:
 - i. Keep records necessary to adequately document services provided to all individuals for all delegated activities including quality improvement, utilization management, and Individual Rights and Protections.
 - ii. Develop clear descriptions of any administrative functions delegated by the SBH-ASO in the Subcontract. Administrative functions are any obligations, other than the direct provision of services to individuals, and include but are not limited to utilization/medical management.
8. Authorization reviews are conducted by state licensed Behavioral Health Providers with experience working with the populations and/or settings under review.
9. SBH-ASO has UM staff with experience and expertise in working with individuals of all ages with SUD and who are receiving medication assisted treatment (MAT).
10. Actions including any decision to authorize a service in an amount, duration, or scope that is less than requested will be conducted by:
 - iii. A physician board-certified or board-eligible in psychiatry or child and adolescent psychiatry;
 - iv. A physician board-certified or board-eligible in addiction medicine, a subspecialty in addiction psychiatry; or
 - v. A licensed, doctoral level clinical psychologist.
11. The SBH-ASO ensures any behavioral health actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. In addition:
 - vi. A physician board-certified or board-eligible in psychiatry must review all inpatient level of care actions (denials) for psychiatric treatment.
 - vii. A physician board-certified or board-eligible in addiction medicine or a subspecialty in addiction psychiatry, must review all inpatient level of care actions (denials) for SUD treatment.

12. SBH-ASO ensures Appeals are evaluated by providers who were not involved in the initial decision and who have appropriate expertise in the field of medicine that encompasses the Individual's condition or disease.
13. SBH-ASO does not structure compensation to individuals or entities that conduct utilization management activities so as to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary Services to an Individual.
14. SBH-ASO maintains written job descriptions of all UM staff. SBH-ASO staff that review denials of care based on medical necessity shall have job descriptions that describe required education, training, non-restricted license, including HIPAA training compliance.
15. 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.
16. 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.
17. SBH-ASO informs providers in writing the requirements for Utilization Management (UM) decision making, procedure coding, and submitting claims for GFS and FBG funded services.

Medical Necessity Determination

1. SBH-ASO collects all information necessary to make medical necessity determinations. For services and supports that do not have medical necessity criteria, SBH-ASO will utilize other established criteria.
2. SBH-ASO will determine which services are medically necessary according to the definition of medically necessary services based on established criteria.
3. SBH-ASO's determination of medical necessity shall be final, except as specifically provided in SBH-ASO Policy - Grievance System.

Authorization of Services

1. SBH-ASO provides education and ongoing guidance and training to Individuals and Providers about its UM protocols (UMP), including ASAM criteria for SUD services and SBH-ASO Level of Care Guidelines, including admission, continued stay, and discharge criteria.
2. SBH-ASO will consult with the requesting Provider when appropriate.

Utilization Management Monitoring

The SBH-ASO ensures that all notifications for authorization decisions adhere to timeframes outlined in SBH-ASO Policy - Notice Requirements. The SBH-ASO requires monitoring of all contracted providers through a process that includes but is not limited to:

- 1. Monitoring Reports for each contracted provider that includes:**
 - a. Authorization and denial data
 - b. Over- and under-utilization of services
 - c. Appropriateness of services
 - d. Other data as identified

- 2. Review of Monitoring Reports**
 - a. The Internal Quality Committee (IQC) will review these reports.
 - i. Data will be reviewed by the committee to determine:
 1. Adherence to authorization and notification content and timelines.
 2. Adherence to the benchmarks provided in UM review areas listed above.
 - b. Recommendations will be provided regarding those not meeting established benchmarks.
 - c. This report will be provided to the Behavioral Health Medical Director prior to QACC (Quality Assurance and Compliance Committee) meetings for review and comments.

- 3. Review of data at Quality Assurance and Compliance Committee:**

QACC will review the reports to determine the necessary action to take when:

 1. SBH-ASO, its delegate, or its subcontractors do not meet the benchmarks established in the reports.
 2. SBH-ASO or its delegate does not meet the content requirements and timelines for authorizations and notifications.

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

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>CRISIS LINE AND CRISIS INTERVENTION Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.</p> <ul style="list-style-type: none"> • Services may be provided prior to intake evaluation. • Services do not have to be provided face to face. • Crisis Hotline services 	<p>No</p>	<p>N/A</p>
<p>WITHDRAWAL MANAGEMENT (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> • ASAM 3.7 WM • ASAM 3.2 WM <p>*IF INDIVIDUAL IS ADMITTED UNDER ITA, SEE ABOVE ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</p>	<p>No, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p>Yes, if <u>planned</u> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>Initial: 3-5 days</i></p>	<p>A. Emergent* Admission:</p> <ol style="list-style-type: none"> 1. Notification: Submission <i>SBH-ASO Notification/Authorization Request Form</i> for Withdrawal Management. <ol style="list-style-type: none"> a. All services delivered are subject to Eligibility, Medical Necessity, and Availability of Resources. 2. Continued Stay: Facility submits <i>SBH-ASO Notification/Authorization Request Form</i> including clinical update within one (1) business day prior to expiration of current authorization period. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. <p>B. Planned Admission:</p> <ol style="list-style-type: none"> 1. Prospective Review: <i>SBH-ASO Notification/Authorization Request Form</i> for Withdrawal Management. <ol style="list-style-type: none"> a. Subject to Eligibility, ASAM, Medical Necessity, and Availability of Resources. <p><i>* Must include referral from Designated Crisis Responder, Emergency Department, or Law Enforcement. See SBH-ASO P&P Level of Care for details of Emergent Admission.</i></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY Services provided to individuals who are experiencing a mental health crisis.</p> <ul style="list-style-type: none"> • 24 hours per day/ 7 days per week availability. • Services may be provided prior to intake evaluation. • Service provided in a facility licensed by DOH and certified by DBHR or in a home-like setting, or a setting that provides for safety of the person and the mental health professional. • Service is short term and involves face-to-face assistance with life skills training and understanding of medication effects. • Service provided as follow up to crisis services; and to other persons determined by mental health professional to be in need of additional stabilization services • Additional mental health or substance use disorder services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services. 	<p>Yes, if Emergent – requires prior authorization . Note SBH-ASO does not provide for planned admission to Crisis Stabilization.</p>	<p>A. <u>Emergent Admission*</u>: Prior Authorization: Submission <i>SBH-ASO Notification/Authorization Request Form</i>.</p> <ol style="list-style-type: none"> All services delivered are subject to Eligibility and Medical Necessity and Availability of Resources. <p>1. Continued Stay: Facility submits <i>SBH-ASO Notification/Authorization Request Form</i> including clinical update within one (1) business day prior to expiration of current authorization period.</p> <ol style="list-style-type: none"> Subject to Eligibility, Medical Necessity and Availability of Resources. <p>ii. <u>Planned Admission:</u></p> <ol style="list-style-type: none"> SBH-ASO does not provide for planned admission for Facility-Based Crisis Stabilization. <p><i>* Must include referral from Designated Crisis Responder, Emergency Department, or Law Enforcement. See SBH-ASO P&P Level of Care for details of Emergent Admission.</i></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>RESIDENTIAL TREATMENT</p> <ul style="list-style-type: none"> • MH Residential • ASAM 3.1 • ASAM 3.3 • ASAM 3.5 	<p>Yes – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*MH- up to 30 days for initial authorization depending on medical necessity.</i></p> <p><i>*SUD- ASAM 3.5 – up to 15 days for initial authorization depending on medical necessity.</i></p> <p><i>ASAM 3.3 – up to 30 days for initial authorization depending on medical necessity.</i></p> <p><i>ASAM 3.1 – up to 30 days for initial authorization depending on medical necessity.</i></p>	<p>A. <u>Prior Authorization:</u></p> <p>1. Prospective Review: SBH-ASO Notification/Authorization Request Form.</p> <ul style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. <p>2. Continued Stay:</p> <ul style="list-style-type: none"> a. SBH-ASO Notification/Authorization Request Form five (5) business days prior to expiration of current authorization period. b. Subject to Eligibility, Medical Necessity and Availability of Resources. <p>2. Retrospective Review:</p> <ul style="list-style-type: none"> 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
<p>OUTPATIENT PROGRAM Service modalities delivered in accordance with Outpatient Behavioral Health Treatment. Including:</p> <ul style="list-style-type: none"> • Brief Intervention Treatment • Day Support • Family Treatment • Group Treatment Services • High Intensity Treatment • Individual Treatment Services • Medication Monitoring • Medication Management • Peer Support • Therapeutic Psychoeducation • Case Management • Opiate Treatment Program • SUD Outpatient Treatment 	<p>Yes –requires prior authorization per monthly service package</p>	<p>A. <u>Prior Authorization:</u></p> <ol style="list-style-type: none"> 1. Prospective Review: Submission <i>SBH-ASO Notification/Authorization Request Form</i>. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. 2. Retrospective Review: <ol style="list-style-type: none"> a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.
<p>INTAKE/ASSESSMENT SERVICE</p>	<p>Yes, requires prior authorization.</p>	<p>A. <u>Prior authorization:</u></p> <ol style="list-style-type: none"> 1. Submission of request to SBH-ASO. <ol style="list-style-type: none"> a. Subject to Eligibility and Availability of Resources.

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES - PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)	<p>Yes - Prior Authorization required.</p> <p><i>Initial: 90 days for initial authorization depending on medical necessity.</i></p>	<p>A. <u>Prior Authorization:</u></p> <ol style="list-style-type: none"> 1. Prospective Review: Submission of <i>SBH-ASO Notification/Authorization Request Form</i>. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. 2. Continued Stay: <ol style="list-style-type: none"> a. Submission of <i>SBH-ASO Notification/Authorization Request Form</i> no later 5 business days prior to expiration of current authorization period. b. Subject to Eligibility, Medical Necessity, and Availability of Resources 3. Retrospective Review: <ol style="list-style-type: none"> a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.
PSYCHOLOGICAL ASSESSMENT AND/OR PSYCHOLOGICAL TESTING	<p>Yes. Prior Authorization required.</p>	<p>Prior authorization request submitted to Salish BH-ASO. SBH-ASO to review financial eligibility, medical necessity, level of care and Availability of Resources.</p>

The requirements and processes for the authorization of SBH-ASO contracted services are dependent on the individual meeting financial eligibility criteria, medical necessity criteria, and the availability of SBH-ASO resources. SBH-ASO reserves the right to reduce, suspend, or terminate an authorization due to changes in financial eligibility, changes in medical necessity, and availability of resources.

Policy Name: ACCESS TO WITHDRAWAL
MANAGEMENT SUBSTANCE USE
DISORDER SERVICES

Policy Number: UM804

Effective Date: 1/01/2020

Revision Dates: 5/11/2020

Reviewed Date: 7/26/2019; 3/4/2020

Executive Board Approval Dates: 11/1/19

PURPOSE

To provide direction for appropriate utilization of residential Withdrawal Management (WM) (American Society of Addiction Medicine level (ASAM) 3.7 WM and 3.2 WM) in accordance with medical necessity, financial eligibility, and within available resources.

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) supports both youth and adult individuals in accessing medically necessary (per WAC 182-500-0070) residential WM services (ASAM Level 3.2 WM and 3.7 WM) as assistance in the process of withdrawal from psychoactive substances in a safe and effective manner. SBH-ASO supports WM services that include three (3) necessary components: evaluation, stabilization, and motivating individual readiness to engage in SUD treatment services.

The SBH-ASO maintains a network of contracted Washington (WA) State licensed and certified WM SUD Behavioral Health Agencies (BHA), available to assess and accept individuals 24-hours a day, 7 days per week. Services are provided to Individuals who meet medical necessity according to current ASAM criteria for placement at the designated level of care, and within available resources.

Secure Withdrawal Management Facilities provide involuntary treatment to individuals detained under the Involuntary Treatment Act (ITA) at ASAM Level 3.7. These services provide evaluation, assessment and WM services to individuals detained by a Designated Crisis Responder (DCR), as well as facilitation of transitions to appropriate voluntary or involuntary inpatient services or to Less Restrictive Alternative (LRA) in accordance with WAC 246-341-1104.

PROCEDURE

1. For individuals attempting to access voluntary WM services they may:
 - a. Be referred by an SBH-ASO contracted BHA that provides SUD services; and/or
 - b. Call a WM SUD facility directly to arrange admission to services.

I. Emergent Admission

1. No prior authorization is required from SBH-ASO for WM in Emergent Admissions; however, individuals must meet financial and medical necessity eligibility. Notification is required within 24 hours of admission.
2. Emergent admissions are those instances where the individual is referred for WM services by one of the following:
 - i. Hospital Emergency Department Physician
 - ii. Law Enforcement
 - iii. DCR in consultation with a Substance Use Disorder Professional (SUDP)
3. Secure Withdrawal Management ASAM 3.7 is consider emergent.
 - i. For Secure WM under the ITA, legal status is accepted in lieu of an eligibility review and medical necessity until their legal status changes.
 - ii. For Secure WM, when a parent or legal guardian brings their child with or without the consent of the child and the facility meets RCW 71.34.600 and 660, notification is required within 24 hours.
4. Concurrent view will occur within one business day of receipt of Notification.

II. Planned Admission

- a. If admission is planned, Prior Authorization is required. The provider shall submit a Notification and Authorization Request Form to SBH-ASO.
- b. Prospective reviews will be completed within 72 hours from the date of request.
2. Each SUD WM facility must have policies and procedures implemented regarding criteria for admittance, length-of-stay, transfer, and discharge.
3. A facility that provides WM services must provide documentation in an individual's clinical record of the following:
 - a. An SUD screening before admission into services;
 - b. The use of ASAM criteria for admission, continued services, discharge planning and discharge decisions;
 - c. A voluntary consent to treatment form signed by the individual or legal guardian;

- d. All release of information (ROI) forms signed and dated by the individual or legal guardian for treatment providers, medical providers, other continuing care providers and family members (family as defined by the individual).
- e. The individual was informed of federal confidentiality requirements and received a copy of the notice required per 42 CFR, Part 2;
- f. The individual received a Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) brief risk intervention;
- g. The individual received a tuberculosis (TB) screening and assistance to access medical treatment as necessary;
- h. Individualized progress notes in a timely manner from each shift and as events occur, such as periodic monitoring of vitals or documentation as to why this did not occur;
- i. A discharge summary, including a continuing care recommendation and a description of the individual's physical condition, completed within seven (7) business days of discharge; and
- j. An attempt to assist the individual in arranging either an SUD assessment while in the WM facility, or if the individual has completed an SUD assessment, then admittance into the recommended ASAM level of care based on the ASAM placement criteria and medical necessity.
- k. The WM facility must submit a SUD Notification and Authorization Request form for the identified ASAM level of care for an individual to be admitted to a residential facility (ASAM level 3.3 or 3.5) directly from the WM facility.
 - i. The WM facility submits an electronic authorization request to SBH-ASO, including supporting documentation if the individual meets financial and medical necessity criteria according to current ASAM criteria.
 - ii. The WM facility arranges facility admission date and transportation based on agreement with the individual and/or legal guardian.
 - iii. The WM facility provides other referrals and linkages to specific SUD outpatient and mental health outpatient providers, housing, shelter, food and clothing based on the individualized needs of each individual admitted.

Policy Name: ACCESS TO RESIDENTIAL SUBSTANCE
USE DISORDER TREATMENT
SERVICES

Policy Number: UM809

Effective Date: 1/1/2020

Revision Dates: 5/14/2020

Reviewed Date: 7/30/2019

Executive Board Approval Dates:

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.

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

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

home or for whom home is not a safe, supportive environment. The focus of treatment is long-term recovery, community support, and improvement in major life competencies. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.1.

PROCEDURE

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 a minimum of 5 business days prior to the expected admission date and a maximum of 14 days prior to the expected admission date;
 - ii. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - d. Notify the residential facility of the initial authorization of services by providing the residential facility in writing with:
 - i. The SBH-ASO authorization number, and
 - ii. The Individual's name, the Individual's birth date, authorized length-of-stay, and expected admit date as scheduled.

- e. Assist the Individual with life arrangements to enter residential treatment and transportation arrangements to the residential facility as is needed by the Individual;
 - f. Maintain contact with the residential facility while the Individual is receiving services for the purposes of 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 decision if it is denied. 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 SABG.
 - 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 State-Only to Medicaid should also commence upon admission.
 5. The SUD residential facility is responsible to electronically request the continuing stay/re-authorization 10 business days prior to the expiration of the initial authorization.
 - a. Submit the required information to establish the need for medically necessary continuing stay/re-authorization electronically to SBH-ASO.
 - b. SBH-ASO provides a peer-to-peer review of the 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.

DRAFT

Policy Name: CRIMINAL JUSTICE TREATMENT
ACCOUNT (CJTA)

Policy Number: UM810

Effective Date: 1/1/2020

Revision Dates: 5/14/2020

Reviewed Date: 7/19/2019;

Executive Board Approval Dates: 11/1/2019

PURPOSE

To define the State CJTA funds, to identify the individuals eligible for State CJTA funds and the services covered by State CJTA funds in the Salish region. For individuals eligible for services covered by State CJTA funds and within available resources, this policy is also meant to ensure consistent application of standards region-wide for access to substance use disorder (SUD) services.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) receives and administers CJTA funding for Clallam, Jefferson and Kitsap counties and disperses these funds in accordance with RCW 71.24.580 and RCW 2.30.030.

SBH-ASO utilizes CJTA funds to provide services and cover allowable expenses to eligible Individuals, within available resources.

SBH-ASO utilizes CJTA funds for the following Individuals:

- A. Substance using and potential addiction if the Individual does not receive SUD treatment; AND
- B. Charged with an offense by a Washington State prosecuting attorney or in drug court; AND
- C. Not eligible for Medicaid or have treatment needs that are not Medicaid eligible; AND
- D. Who are at or below 220% of the federal poverty level; AND
- E. A resident of Jefferson, Clallam or Kitsap Counties.

SBH-ASO and Providers adhere to CJTA Funding Guidelines including:

1. In accordance with RCW 2.30.040, if CJTA funds are managed by a Drug Court, the court is required to provide a dollar-for-dollar participation match for services to Individuals who are receiving services under the supervision of Drug Court.
2. No more than ten percent (10%) of the total CJTA funds can be used for the following support services combined:
 - a. Transportation; and
 - b. Child Care Services

SBH-ASO provides a minimum of thirty percent (30%) of the CJTA funds for special projects that meet any or all of the following conditions:

1. An acknowledged best practice (or treatment strategy) that can be documented in published research, or
2. An approach utilizing either traditional or best practices to treat significantly underserved population(s), or
3. A regional project conducted in partnership with at least one (1) other entity serving the RSA such as, the Apple Health-IMC MCOs operating in the RSA or the ACH.

Services that can be provided using CJTA funds are:

1. Brief Intervention (Any Level, Assessment not Required)
2. Sub-Acute and Acute Withdrawal Management (ASAM Level 3.2)
3. Outpatient Treatment (ASAM Level 1)
4. Intensive Outpatient Treatment (ASAM Level 2.1)
5. Opiate Substitution Treatment (ASAM Level 1)
6. Case Management (ASAM Level 1, 2.1)
7. Intensive Inpatient Residential Treatment (ASAM Level 3.5)
8. Long-term Care Residential Treatment (ASAM Level 3.3)
9. Recovery House Residential Treatment (ASAM Level 3.1)
10. Assessment (to include Assessments done while in jail)
11. Interim Services
12. Community Outreach
13. Involuntary Commitment Investigations and Treatment
14. Room and Board (Residential Treatment Only)
15. Transportation
16. Childcare Services

17. Urinalysis

18. Treatment in the Jail; limited to 8 sessions that may include:

- a. Engaging individuals in SUD treatment
- b. Referral to SUD services
- c. Administration of Medications for the treatment of substance use disorder, including Opioid Use Disorder (MOUD) to include the following:
 - i. Screening for Medications for Substance Use Disorder including MOUD
 - ii. Cost of Medications for treating Substance Use Disorders including MOUD
 - iii. Administration of Medications for Substance Use Disorders including MOUD
- d. Coordinating care
- e. Continuity of care
- f. Transition planning

19. Employment services and job training

20. Relapse Prevention

21. Family/Marriage education

22. Peer-to-peer services, mentoring and coaching

23. Self-help and support groups

24. Housing Support Services (rent and/or deposits)

25. Life Skills

26. Spiritual and faith-based support

27. Education

28. Parent education and child development

SBH-ASO Providers are awarded CJTA funds in accordance with each County's respective CJTA Committee allocations for the contract period and will render services in accordance with contract requirements. SBH-ASO network providers will invoice the SBH-ASO on a monthly basis for costs incurred in the month previous on the approved form.

All entities receiving CJTA funding must have policies and procedures allowing access to care for Individuals at any point in their course of FDA-approved medication assisted treatment (MAT). Therapeutic Courts cannot mandate discontinuation, titration, or alteration of an Individual's medication regimen to be admitted to, continue in, or graduate from a Therapeutic Court program. All decisions concerning medication are made solely between the participant and their prescribing provider.

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

Effective Date: 1/1/2020

Revision Dates: 12/16/2020

Reviewed Date:

Executive Board Approval Dates: 5/22/2020

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
Designation of Privacy Officer	SBH-ASO Administrator	The role of the Privacy person is to be a point of contact for all HIPAA, HITECH, and 42 CFR Part 2 concerns, investigate and report violations, as needed, and maintain up to date trainings and activities.	As needed	
Ensure continuous compliance with SBH-ASO Privacy policies throughout network	SBH-ASO Privacy Officer	SBH-ASO subcontractors are required by contract to adhere to SBH-ASO policies and procedures.	As needed	
Assure all SBH-ASO staff have on file a signed statement that acknowledges understanding of requirements	SBH-ASO Privacy Officer	Signed statements for each SBH-ASO staff person will be kept on file by the Privacy Officer.	Upon hire (w/in 90 days) and every year after	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
Provision of Training requirements	SBH-ASO Privacy Officer	Ensure that all SBH-ASO staff is trained on the HIPAA privacy regulations.	Upon hire (w/in 90 days) and annually thereafter.	
Maintain Breach Log and submit to HHS secretary as required	SBH-ASO Privacy Officer	Maintain a Breach Log of any violation of SBH-ASO Privacy Policy and/or any HIPAA/HITECH/42 CFR Part 2 breaches. Includes risk analysis for any identified breach and notification of the Secretary of HHS as required.	Ongoing maintenance. Annual reporting, or as required.	
Maintain a risk assessment that is updated regularly and as needed	SBH-ASO Privacy Officer /Compliance Officer	Maintain a current risk assessment report to mitigate privacy, security and compliance issues. This report is reviewed regularly for changes to the process and updated as needed. This document is reviewed in collaboration with SBH-ASO leadership and key staff.	At a minimum of annually and as needed.	
Creation and distribution of a privacy and/or security reminder newsletter/flyer	SBH-ASO Privacy Officer	To be distributed via email and in routine meetings	Semiannually	
Continuous practice of physical safeguards.	All SBH-ASO Staff	Any documentation containing PHI is maintained in a locked file cabinet with keys hidden.	Ongoing	
Posting of Privacy Notice	SBH-ASO Privacy Officer	The SBH-ASO Privacy Notice is posted in a visible area.	Ongoing	
Accounting of Disclosures	SBH-ASO Privacy Officer	A file containing a log to document disclosures is maintained by the Privacy Officer.	Ongoing	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
Continuous practice of password protection.	All SBH-ASO Staff, Kitsap County Information Services Department,	All SBH-ASO staff have a unique and confidential password to access the SBH-ASO computer systems and e-mail. Passwords are regularly changed (every 60 days) maintain security of the system.	Ongoing	
Observation of E-mail confidentiality policies.	All SBH-ASO Staff	It is the policy and practice of the SBH-ASO that no e-mail message shall be sent containing PHI unless it is sent with electronic encryption that meets National Institute of Standards and Technology to verify email address. If at any time either an SBH-ASO employee or contactor transmits unencrypted PHI as part of an e-mail message, the SBH-ASO employee shall immediately notify the sending party and the Privacy Officer.	Ongoing	
Observation of Fax confidentiality policies.	All SBH-ASO Staff	A HIPAA confidentiality statement is on the SBH-ASO fax cover sheet. Faxes should only be sent with the SBH-ASO fax cover sheet.	Ongoing	

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

SBH-ASO EXECUTIVE BOARD MEETING

Supplemental Packet

Attachment 6.d.1 and 6.d.3

SBH-ASO Policies and Procedures with Track Changes

Attachment 6.d.1

Chapter	Ch. #	Number	Title	Origin Date	EB Approval Date	Description of Updates	Next Review Date
Administration	1	AD100	Definitions	5/17/2019	Nov-19	<u>12/16/2020 REVISION:</u> 1. Aligned definitions with 2021 HCA SBH-ASO Contract Definitions 2. Removed definitions that are no longer needed	12/16/2021
Administration	1	AD104	Credentialing and Recredentialing of Providers	5/17/2019	Nov-19	<u>12/10/2020 REVISION:</u> 1. Complete rewrite of previously approved policy. 2. Addition of new contract requirements related to development of Credentialing Program.	12/31/1900
Clinical	2	CL203	Levels of Care	8/1/2019	Nov-19	<u>12/10/2020 REVISION:</u> 1. Removed definitions (relocated to Definitions P&P). 2. Updated SUDP language. 3. Updated Levels Table 4. Added table for services that do not require medical necessity. 5. Updated language and timelines to align with UM system processes 6. Added medical necessity criteria for psychological testing.	10/27/2021
Clinical	2	CL206	State Hospital Care Coordination	7/30/2019	19-Nov	<u>5/14/2020 REVISION:</u> 1. Added AI/AN language 2. Rearranged text for increased readability	5/14/2021
Clinical	2	CL207	Jail Transition Services	7/30/2019	19-Nov	<u>5/14/2020 REVISION:</u> 1. add MAT/MOUD language	5/14/2021
Compliance	3	CP304	Code of Conduct	1/1/2020		Created policy. Delayed presentation to Executive	12/31/1900
Compliance	3	CP304a	Code of Conduct	1/1/2020		Created policy. Delayed presentation to Executive	12/31/1900
Utilization Mana	8	UM801	Utilization Management Requirements	7/26/2019	Nov-19	<u>12/16/2020 REVISION:</u> 1. Increased specificity surrounding monitoring activities. 2. Updated authorization table to align with UM practices. 3. Updated certification/notification/authorization language to align with UM system.	10/29/2021
Utilization Mana	8	UM804	Access to Withdrawal Management SUD Services	8/1/2019	Nov-19	<u>5/11/2020 REVISION:</u> 1. Added clarifying language for emergent admission	5/11/2021
Utilization Mana	8	UM809	Access to Residential Substance Use Disorder Treatment Services	8/1/2019	Nov-19	<u>5/14/2020 REVISION:</u> 1. Replaced CDP with SUDP language 2. Added language for clarity about authorization decisions within 5 days when request is complete 3. Removed additional requirements for outpatient services post discharge. 4. Clarified language for advanced notice when denial is a termination of previously authorized period	5/14/2021
Utilization Mana	8	UM810	Criminal Justice Treatment Account	7/16/2019	Nov-19	<u>5/14/2020 REVISION:</u> 1. Added MAT/MOUD language	5/14/2021
Privacy & Securit	9	PS903a	Privacy and Security Policies Maintenance Plan	2/5/2020	May-20	<u>12/16/2020 REVISION:</u> 1. Updated training requirements timeline 2. Removed monitoring language to align with 2021 HCA Contract updates.	2/5/2021

Policy Name: DEFINITIONS

Policy Number: AD100

Effective Date: 01/01/2020

Revision Dates: 12/16/2020

Reviewed Date: 04/16/2019

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

DEFINITIONS

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

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

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

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

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 ~~the Medicaid agency~~ HCA to administer behavioral health programs, including crisis services and Ombuds for ~~individuals in a defined Regional Service Area (RSA).~~ The BH-ASO administers crisis services and Ombuds services for all individuals in its defined regional service area, regardless of an individual's ability to pay, including Medicaid eligible members.

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

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

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

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

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

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

Business Hours – means 8:00 am to 5:00 pm Pacific Time, Monday through Friday, except for Holidays observed by the State of Washington.

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

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

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 ~~Network~~ Providers to ensure that appropriate client benefits, as identified in the individual service plan, are properly funded using all available resources.

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

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

~~**Credentialing** – The process of assessing and validating the qualifications of a registered and/or licensed individual, or agency, or facility (CMHA or SUD treatment and support program) 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 otherthe individuals participating in the SBH-ASO Network.~~employed or contracted to provide services at the CMHA.~~

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

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

Data - means the information that is disclosed or exchanged.

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

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

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

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

Evaluation 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 persons 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).

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

External entities – means organizations that serve eligible Individuals ~~entities~~ outside of SBH-ASO to include (but not limited to): ~~BHOs, O~~ther BH-ASOs, Family Youth System Partner Roundtable (FYSPRT), Apple Health Managed Care Organizations,

~~Tribal entities~~, Community Health Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHC), the Criminal Justice System (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system), Ombuds, Tribal Entities, Department of Social and Health Services (DSHS) and other state Agencies, state and federal agencies and local partners that manage access to housing, education systems, Accountable Community of Health, and first responders.

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

~~**FBG**—Federal Block Grants~~

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

~~**GFS**—General Fund State.~~

~~**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.~~

~~**General Funds – State Resource Availability**~~

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

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

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

High Risk Individual – an individual who:

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

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

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

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

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

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

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

Leadership Team - means the SBH-ASO Administrator, Clinical Director, and Medical Director.

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 or RCW 71.34.755.

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

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

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

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

Notice of Action (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.

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

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

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

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

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

Portable/Removable 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).

~~**Portable/Removable Devices** – means any small computing device that can be transported, including but not limited to: handhelds/PDAs/Smartphones; Ultramobile PC's, flash memory devices (e.g. USB flash drives, personal media players); and~~

~~laptops/notebook/tablet computers. If used to store Confidential Information, devices should be Federal Information Processing Standards (FIPS) Level 2 compliant.~~

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

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

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

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

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

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.

~~**Re-credentialing** – The process whereby the credentialing information is updated.~~

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.

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

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

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

~~**Staff**— All employees of SBH-ASO.~~

Stakeholders – A person or organization that has a legitimate interest in 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 Disorder Block Grant (SABG): means the Federal Substance Abuse Block Grant Program authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

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

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

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

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

Third Party Resources – Those resources other than Medicaid that can be used to pay for services prior to the billing of Medicaid for Medicaid eligible clients. For non-Medicaid clients ~~this includes it is~~ Medicare, ~~and~~ 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.

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

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

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

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

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

New Policy

AD104 – Credentialing and Recredentialing of Providers

No Track Changes.

These policies were a complete rewrite. They can be found in the main Executive Board packet.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: LEVELS OF CARE

Policy Number:
CL203

Effective Date: 1/1/2020

Revision Dates: 12/10/2020

Reviewed Date: 4/10/8/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

DEFINITIONS

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

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

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

POLICY

- A. Prior to the initiation of voluntary treatment in Community Hospitals, E&T settings, SUD or MH Residential, planned withdrawal management, or outpatient services, individuals must be authorized to receive such services. Eligibility is confirmed by SBH-ASO Mental Health Professionals (MHP) or ~~Chemical Dependency Professionals~~Substance Use Disorder Professional (CSUDDP) at every point in time that an authorization for services is requested.
- B. Authorization is not required prior to the initiation ~~of an Intake assessment or of~~ crisis services or involuntary behavioral health treatment.
 - 1. ~~Authorization is not required for involuntary behavioral health treatment.~~
- C. Authorization, denial, and adverse authorization determinations are made by the SBH-ASO, based upon a determination of medical necessity, eligibility, and/or availability of resources. ~~For determinations based upon medical necessity Such decisions are made pursuant to~~ a comprehensive evaluation or treatment plan is requireding processes. 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~~must be notified at the time of any action affecting the claim.
 4. ~~If~~ ~~When~~ 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 Action Adverse Authorization Determination.
 - 4.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 may develop a Performance Improvement Project (PIP) 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~~~~When~~ SBH-ASO ~~provider~~ subcontractors fail to submit timely authorization requests, SBH-ASO may require they could be required to development and submit to SBH-ASO a of a Corrective Action Plan (CAP) and monitored to ensure they are improving their timely authorization requests) 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 ~~hires or~~ designates at least one (1)a Children's Specialist that meets WAC requirements to oversee the. The Children's Specialist must be a Children's Mental Health Specialist or be supervised by a Children's Mental Health Specialist and oversees the authorizations of individuals under the age of twenty-one (21).
- F. SBH-ASO ~~hires or~~ designates at least one (1)an Addiction Specialist who is a licensed Chemical Dependency Substance Use Disorder Professional to and oversees the authorizations of individuals with Substance Use Disorders.
- G. SBH-ASO ensures that all ASO UM staff making service authorization decisions have been trained and are competent in working with the specific area of service which they

are authorizing and managing, including but not limited to, co-occurring mental health and Substance Use Disorders (SUDs), co-occurring behavioral health and medical diagnoses, and co-occurring behavioral health, individuals of all ages with a SUD and who are receiving medication-assisted treatment, and Individuals Intellectual/Developmental Disability (I/DD). UM protocols shall recognize and respect the cultural needs of diverse populations.

~~H.~~

H. The SBH-ASO ~~and BHA~~ UM staff ~~will be educated~~ 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 3 Services	Services provided at Community Hospitals or E&T Facilities
	Secure Withdrawal Management
Level 2 Services	PPW Housing Support Services <u>Mental Health Residential</u>
	Intensive Inpatient Residential Treatment Services – SUD
	Long Term Care Residential – SUD
	Mental Health Residential <u>Recovery House</u> <u>Recovery House Residential Treatment – SUD</u>
	Assessment <u>High Intensity Treatment</u> PPW Housing Support Services
	<u>Brief Intervention</u>
	<u>Brief Outpatient Treatment</u>
	<u>Case Management</u>

Level 1 Services	Day Support
	Engagement and Referral
	Evidenced Based/Wraparound
	Family Treatment
	Group Therapy
	High Intensity Treatment
	Individual Therapy
	Intake Evaluation
	Intensive Outpatient Treatment – SUD
	Medication Management
	Medication Monitoring
	Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)
	Outpatient Treatment
	Peer Support
	Program of Assertive Community Treatment
	Psychological Assessment/Testing
	Rehabilitation Case Management Psychological Services/Interim Services Program of
	Special Population Evaluation Urinalysis/Screening TB Counseling, Screening, Testing and Referral
	Therapeutic Psychoeducation TB Counseling, Urinalysis/Screening Test Special Population Evaluation
	Sobering Services
Level 0 Services	Acute Withdrawal Management
	Facility Based Crisis Stabilization
	SServices
Services and Supports to which non-Medical necessity criteria apply	Sub-Acute Withdrawal Management
	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 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 inpatient hospitalizations is subject to the following considerations:

- 1.1. Involuntary placements are authorized ~~for the period of time~~ based on legal status and not medical necessity.

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 above, authorization for admission to the inpatient level of care is based upon the following clinical findings:

- 2.1. The individual's behavior is judged unmanageable in a less restrictive setting due to **any one of the following:**

- 2.1.1. Danger to self, e.g., suicidal behavior, self-mutilation;

- 2.1.2. Danger to others, e.g., homicidal behavior

- 2.1.3. Danger to property, e.g., arson

- 2.1.4. Grave disability, e.g., severe psychomotor retardation; or a continued failure to maintain personal hygiene, appearance, and self-care near usual standards;

- 2.1.5. Severe symptoms unresponsive to, or unmanageable with treatment at a lower level of care (such as due to the presence of command hallucinations or delusions which threaten to override usual impulse control; or a serious decrease in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors)or

- 2.1.6. A comorbid medical condition that creates the need for psychiatric treatment to be provided at this level of care (e.g., ~~severe~~severe, or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).

- 2.2. **AND** there is a verified (and documented) failure of treatment at a lesser level of care, or a psychiatrist (or designee), or crisis team/DCR determines that the individual cannot be managed at a lesser level of care due to the severity of symptoms and intensity of treatment required.

- 2.3. **AND** the individual requires round-the-clock psychiatric care and observation to maintain their safety or health (e.g. impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from usual behavior that require increased levels of observation)

- 2.4. Authorization decisions to approve or deny hospitalization must be made within 12 hours of the initial request for hospitalization.

- 2.5. Involuntary treatment applies to Individuals presenting with risks due to mental health or substance use disorders.

3. **Continued Stay.** Authorization for stays beyond the initially approved period may occur if, during the initial stay, new psychiatric symptoms of sufficient severity to

warrant individual care become evident, **OR** based upon evidence of **all** of the following:

3.1. The individual continues to pose a danger to self, others or property due to the behavioral manifestations of a psychiatric disorder precluding the provision of services at a lesser level of care despite a reduction in the severity of these symptoms (such as an extreme compromise of ability to care for oneself or to adequately monitor their environment with evidence that there could be a deterioration in their physical condition as a result of these deficits; or they continue to manifest a decreased quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive, or abusive behaviors)

~~3.1. The individual continues to pose a danger to self, others or property due to the behavioral manifestations of a psychiatric disorder precluding the provision of services at a lesser level of care despite a reduction in the severity of these symptoms (such as an extreme compromise of ability to care~~

~~for oneself or to adequately monitor their environment with evidence that there could be a deterioration in their physical condition as a result of these deficits; or they continue to manifest a decreased quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors)~~

- 3.2. The individual requires this level of intensive treatment to stabilize symptoms and behaviors (such as due to continued high risk impulsivity; ongoing medication adjustments that require medical monitoring)
 - 3.3. There is a clear treatment plan with measurable and objective goals; and
 - 3.4. The individual is making progress toward treatment goals, or in the absence of such progress, the treatment plan has been revised to address the issues preventing progress.
 - 3.5. Continued Stay authorization requests must be submitted to the SBH-ASO at a minimum by one (1) business day prior to the expiration of the current authorization period.
 - 3.6. Authorization decisions for approval or denial of continued stay must be made within 12 hours of the continued stay authorization request.
4. **Individual Authorization Protocol.** Initial and extended prior authorizations are required for all voluntary individual hospitalizations.
- 4.1. **Involuntary Treatment Act Detention Notification Protocol**
 - 4.1.1. Prospective Authorization is not required for ITA detentions.
 - 4.1.2. Admitting inpatient facility submits notification using the SBH-ASO protocol (see SBH-ASO [Provider Manual 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 ~~administrative denial~~ adverse authorization decision based on available resources shall be made within 12 hours of the authorization request.
5. **Discharge.** Discharge planning starts upon admission. Criteria for discharge from the inpatient level of care include:
- 5.1. The individual's symptoms and functioning have sufficiently improved so as to no longer warrant 24-hour observation and treatment.
 - 5.2. The individual has demonstrated an unwillingness to actively participate in treatment and fails to meet involuntary treatment criteria.
 - 5.3. The individual withdraws consent for inpatient treatment or fails to meet involuntary treatment criteria.
6. **Legal Status Changes.** With legal status changes within a treatment episode, the treating facility must complete prospective authorization request within 2 hours of legal status change.
- 6.1. A new ~~certification-authorization~~ number must be requested to indicate legal status changed ~~differentiate between legal status changes~~.
7. **Inpatient Facility Transfers.** With changes within a treatment episode, an individual can be transferred from one inpatient facility to another.
- 7.1. A new ~~certification-authorization~~ number must be requested to differentiate between inpatient facilities.

Level 2 Services

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

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

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

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

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

4.4. Continued stay authorization requests must be submitted using the SBH-ASO protocol no less than five (105) 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 ~~they~~ no longer meets medical necessity requirements determined by a review of ASAM by a GDP-SUD or a GDPT-SUDPT under supervision of a GDP-SUDP supervisor;

5.2. ~~or~~ if consent for treatment is withdrawn;

5.3. ~~or~~ loss of financial eligibility or lack of available resources.

Mental Health Residential Treatment Services – *within available resources*

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

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

- 2.8. For Individuals who meet referral criteria, the residential provider shall ensure the Individual receives an intake assessment by a licensed Mental Health Professional (MHP) to determine medical necessity for mental health residential treatment.

Mental Health Residential Exclusionary Criteria:

1. Individual has a psychiatric condition that requires a more intensive/restrictive option (such as an inability to avoid self-harming behaviors or command hallucinations that the person is unable to ignore);
 2. Individual is actively suicidal or homicidal;
 3. Individual is chemically dependent on alcohol/drugs and in need of medical detoxification;
 4. Individual has a recent history of arson, serious property damage, or infliction of bodily injury on self or others. This exclusion can be waived based upon the accepting facility's evaluation of individual's functioning.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Continued stay eligibility criteria are as follows:
- 3.1. Admission criteria for residential services continues to be met.
 - 3.2. The individual must have a treatment plan that identifies need and measurable goals for residential services. The individual must be making progress toward treatment goals.
4. **Authorization Protocol.** Initial and extended prior authorizations are required for MH Residential Level of Care.
- 4.1. The Provider must submit an Authorization request using the SBH-ASO protocol a minimum of five (5) business days prior to the expected admission date and a maximum of fourteen (14) days prior to the expected admission date.
 - 4.2. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - 4.3. Authorization decisions shall be made within made within five (5) calendar days.
 - 4.4. Continued stay authorization requests must be submitted using the SBH-ASO protocol fiveten (5-10) business days prior to the expiration of the current authorization period.

5. **Discharge.** Discharge planning begins at admission. Individuals are ready for discharge when

5.1. The individual no longer meets medical necessity requirements;

5.2. Or if consent for treatment is withdrawn;

Or loss of financial eligibility or lack of available resources.

Level 1 Services

Outpatient behavioral health services.

Mental Health Outpatient Services – *within available resources*

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

Mental Health Outpatient – Standard – *within available resources*

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

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

- 2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.
- 2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI) 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. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. The treating entity must establish continuing stay criteria based on the above medical necessity criteria, to include a system that allows for movement along a continuum of care inclusive of discontinuing or reducing treatment services in lieu of alternative services and supports.

4.3. **Authorization Protocol.** Initial and extended prior authorizations are required for MH Outpatient Standard Level of Care.

4.1.3.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

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

4.3.3.3. Authorization decisions shall be made within five (5) calendar days.

4.4.3.4. Continued Stay authorization requests must be submitted using the SBH- ASO protocol a minimum of five seven (75) calendar business days_ and no more than ten (10) calendar days prior to the expiration of the current authorization period.

6. **Discharge.** Discharge from care is based upon one or more of the following:

6.1 Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.

6.2 The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.)

6.3 The individual is not participating in treatment and does not meet criteria for involuntary treatment.

6.4 The individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.

6.5 The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

6.6 Loss of financial eligibility or lack of available resources.

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

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

1. **Length of Stay.** ~~Authorized based on legal status and not medical necessity. The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.~~
2. **Admission.** An individual must meet legal status criteria of being on a Less Restrictive, Conditional Release, or Assisted Outpatient Treatment Order before being considered for this non-crisis ASO services. Individual services may be provided when the Individual meets legal status, ~~financial eligibility, and within available resources.~~
- 2.3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet legal status criteria, ~~financial eligibility, and are authorized within available resources.~~
- 3.4. **Authorization Protocol.** Initial and extended prior authorizations are required for MH-BH Outpatient LR/CRO Level of Care.
 - 3.4.4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
 - 3.4.4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
 - 3.4.4.3. Authorization decisions shall be made within five (5) calendar days.
 - 3.4.4.4. Continued Stay authorization requests must be submitted using the SBH- ASO protocol a minimum of five seven (75) business calendar days, and no more than ten (10) calendar days prior to the expiration of the current authorization period.
- 4.5. **Discharge.** Discharge from care is based upon one or more of the following:
 - 4.5.1. Resolution of LR/CR/AOT Order.
 - 4.5.2. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
 - 4.5.3. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
 - 4.5.4. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

Mental Health Outpatient - PACT– *within available resources*

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

continued stay are based upon assessment relative to the continuing stay criteria.

2. Admission. An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and are authorized within available resources.

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

- 4.1.2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.
- 4.2.2.2. 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);
- 4.3.2.3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness;
- 4.4.2.4. The individual is expected to benefit from the intervention; and,
- 4.5.2.5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal support.

AND PACT criteria listed below:

- 4.6.2.6. 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.
- 4.7.2.7. 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.

2.3. Continued Stay. Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Individuals must also continue to meet PACT criteria.

3.4. Authorization Protocol. Initial and extended **prior** authorizations are required for MH Outpatient PACT Level of Care.

- 3.1.4.1. The treating Provider must submit an Authorization Request

using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

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

3.3.4.3. Authorization decisions shall be made within five (5) calendar days.

—Continued Stay authorization requests must be submitted using the SBH-ASO protocol a minimum of five (5) business calendar days and no more than ten (10) calendar days prior to the expiration of the current authorization period

4.5. **Discharge.** Discharge from care is based upon one or more of the following:

4.1.5.1. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.

4.2.5.2. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).

4.3.5.3. The individual is not participating in treatment and does not meet criteria for involuntary treatment.

4.4.5.4. The individual (or, ~~for a child or youth, the parent~~the legal guardian) requests that services be discontinued.

4.5.5.5. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

5.6. Loss of ~~financial~~ eligibility or lack of available resources.

Psychological Assessment/Testing

4.6. 

Medical necessity criteria for Psychological Assessment/Testing:

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

The psychological testing outcome could not otherwise be ascertained during:

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

All of the following criteria must be met:

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

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

- A. Autism spectrum disorders
- B. Attention deficit disorder
- C. Attention deficit hyperactivity disorder
- D. Tourette's syndrome

Psychological testing is not covered for the following:

- A. Testing is primarily for the purpose of non-treatment related issues (e.g., routine evaluation of occupational or career aptitudes, forensic or child custody evaluations)
- B. Testing performed as simple self-administered or self-scored inventories, screening tests (e.g., AIMS, Folstein Mini-Mental Status Exam) or similar tests. These are considered included in an E&M service and are not separately payable as psychological testing.
- C. Testing done for educational or vocational purposes primarily related to employment.
- D. Testing that would otherwise be the responsibility of the educational system. a child's school 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 initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** SBH-ASO recognizes the two, subdivided levels of outpatient services for children and adults, as defined within the ASAM criteria. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity as outlined in the current ASAM Level of Care criteria on all behavioral health

assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and will be authorized within available resources. Medical necessity is determined by ASAM Level.

3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. It is appropriate to retain the individual at the present ~~of~~ level of care if they continue to meet ASAM Level of Care criteria for this service level. ASAM must be updated within ten (10) business days of the request for continued stay.

- ~~4.~~ **Authorization Protocol.** Initial and extended prior authorizations are required for SUD

Outpatient Standard Level of Care.

- 4.1.3.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
- 4.2.3.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
- 4.3.3.3. Authorization decisions shall be made within five (5) calendar days.
- 4.4.3.4. Continued Stay authorization requests must be submitted using the SBH- ASO protocol at a minimum fiveseven (7(5) calendar-business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.

5.4. **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:

- 5.1.4.1. 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.
- 5.2.4.2. 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.
- 5.3.4.3. 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.
- 5.4.4.4. Loss of financial eligibility or lack of available resources.

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

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

3.—**Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity as outlined in the current ASAM

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

4.3. Authorization Protocol. Initial and extended prior authorizations are required for SUD Outpatient OTP Level of Care.

4.1.3.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

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

4.3.3.3. Authorization decisions shall be made within five (5) calendar days.

4.4.3.4. Continued Stay authorization requests must be submitted using the SBH- ASO protocol a minimum of sevenfive (57) calendarbusiness days and no more than ten (10) calendar days prior to the expiration of the current authorization period.

5.4. 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:

5.1.4.1. 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.

5.2.4.2. 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.

5.3.4.3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.

Level 0 Services

Acute Withdrawal Management (ASAM 3.7), Sub-Acute Withdrawal Management (ASAM 3.2), Facility Based Crisis Stabilization Services

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

1. **Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity as outlined in the current ASAM-SBH-ASO Level of Care criteria. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care, ~~not to exceed fourteen (14) continuous calendar days.~~

2. **Admission.** Crisis stabilization services may be provided when the Individual meets medical necessity (as outlined in the current ASAM-SBH-ASO Level of Care criteria) financial eligibility, and ~~is~~ provided within available resources. In addition to confirmation of medical necessity, notification to the SBH-ASO within twenty-four (24) hours is required for admission to facility-based crisis triage or crisis stabilization. Services are based upon the individual having met all of the following:
 - 2.1. The individual is currently experiencing a behavioral health crisis and determined by a Designated Crisis Responder (DCR), Hospital Emergency Department Physician, or Law Enforcement, that stabilization services are needed.
 - 2.2. Individual is experiencing a behavioral health crisis that cannot be addressed in a less restrictive setting.

3. **Continued Stay Criteria:** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Authorization for stay beyond the initial certification period is contingent to all of the following criteria:
 - 3.1. Admission criteria and medical necessity as per the ASAM-SBH-ASO Level of Care criteria continues to be met.
 - 3.2. A less restrictive setting would not be able provide needed monitoring to address presenting problem.
 - 3.3. Stabilization services continue to be needed to reduce symptoms and improve functioning.
 - 3.4. After care planning has been established and discharge planning includes transitioning to a less restrictive setting.

4. **Authorization Protocol.**
 - 4.1. The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.
 - 4.2. The treating Provider Facility provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.

- 4.3. Concurrent Authorization decision will be made within one (1) business day of receipt, ~~seventy-two (72) hours~~. 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.

Authorization Protocol.

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

- Law Enforcement
- Emergency Department **Physician**
- Designated Crisis Responder (DCR) in consultation with a **Chemical Dependency Professional/Substance Use Disorder Professional (CDPSUDP)**

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

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

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

4. **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.~~

5.4 Loss of financial eligibility or lack of available resources

Clinically Managed Residential Withdrawal Management - ASAM Level 3.2

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

5. Authorization Protocol.

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

- Law Enforcement
- Emergency Department Physician
- Designated Crisis Responder (DCR) in consultation with a Chemical Dependency Substance Use Disorder Professional (CSUDDP)

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

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

4.2.7 Concurrent Authorization decision will be made within seventy-two (72) hours-one (1) business day from receipt.

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

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

entities.

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

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

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

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

5 **Discharge.** The individual continues in a Level 3.2 WM program until:

5.1. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.

5.2. Individual is not making progress toward treatment goals.

5.3. Individual transitions to a more appropriate level of care is indicated.

5.4. Loss of financial eligibility or lack of available resources.

4.3.34.3.5

Services that do not require medical necessity

<u>Service</u>	<u>Authorization Criteria</u>	<u>Comments</u>
<u>Alcohol/Drug Information School</u>	<ul style="list-style-type: none"> • <u>Provided as determined by a Court directed SUD diagnostic evaluation and treatment</u> • <u>Provider must be licensed or certified by the WA DOH</u> • <u>Program meets requirements of RCW 46.61.5056</u> 	<p><u>Within Available Resources</u></p> <p><u>Not currently funded</u></p>
<u>Childcare</u>	<ul style="list-style-type: none"> • <u>Provided to children of parents in treatment to facilitate completion of the parent's plan for treatment services</u> • <u>Provided by licensed childcare providers</u> • <u>Time limited as per treatment plan</u> 	<u>Within Available Resources</u>
<u>Community Outreach – SABG priority populations PPW and IUID</u>	<ul style="list-style-type: none"> • <u>Provided to PPW and IUID individuals who have been unsuccessful in engaging in services</u> • <u>Goals should include enrolling Individuals in Medicaid</u> • <u>Recovery based, Culturally Appropriate and incorporates Motivational Approaches</u> • <u>Can be multi-agency based</u> 	<u>Within Available Resources</u>
<u>Continuing Education and Training</u>	<ul style="list-style-type: none"> • <u>Provided to BHA or ASO staff as part of program of professional development</u> • <u>Provider of service must be Accredited either in WA State or Nationally</u> • <u>Provider must provide evidence of assessment of participant knowledge and satisfaction with the training.</u> 	<u>Within Available Resources</u>
<u>PPW Housing Support Services</u>	<ul style="list-style-type: none"> • <u>Provided to Individuals meets definition of PPW and support provide to such an individual with children under the age of six (6)</u> • <u>Service provided in a transitional residential housing program designed exclusively for this population.</u> 	<u>Within Available Resources</u>
<u>Recovery Support Services</u>	<ul style="list-style-type: none"> • <u>Provided to Individuals with diagnosed mental illness and/or substance use disorders.</u> • <u>Part of Treatment Plan for Individual</u> • <u>Culturally Appropriate and Diverse Programming</u> • <u>Evidence based</u> • <u>Oriented toward maximizing wellness as defined by the Individual</u> 	<p><u>Within Available Resources</u></p> <p><u>Not currently funded</u></p>
<u>Sobering Services.</u>	<ul style="list-style-type: none"> • <u>Provided to Individuals with chronic AUD or SUD issues</u> • <u>Agency Based</u> • <u>Voluntary services</u> • <u>Accessible by Walk in Drop off</u> • <u>Provides Screening for medical problems</u> • <u>Provides shelter for sleeping off the effects of alcohol or other drugs</u> 	<p><u>Within Available Resources</u></p> <p><u>Not currently funded</u></p>

	<ul style="list-style-type: none"> • <u>Provides Case management to assist with needed social services.</u> 	
<u>Therapeutic Interventions for Children.</u>	<ul style="list-style-type: none"> • <u>Provided to individuals with treatable Behavioral health diagnosis</u> • <u>Agency Based</u> • <u>Evidence Based, Culturally Appropriate</u> • <u>Voluntary participation</u> • <u>Part of Treatment Plan for Child</u> • <u>Not provided as part of Juvenile Rehabilitation Court Order</u> 	<u>Within Available Resources</u>
<u>Transportation</u>	<ul style="list-style-type: none"> • <u>Provided to individuals with Behavioral health diagnosis</u> • <u>Agency based</u> • <u>Provided as part of Treatment plan</u> • <u>Provided for individuals to and from behavioral health treatment.</u> 	<u>Within Available Resources</u>

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COORDINATION

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PURPOSE

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

POLICY

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

PROCEDURE

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

1. The SBH-ASO will coordinate care for individuals who are assigned to the SBH-ASO from admission to is responsible for coordinating discharge for assigned Individuals. discharge back to community. This coordination is in accordance with the State Hospital Working Agreement and shall include.:

- a) The Contractor shall meet the requirements of the State Hospital MOU or Working Agreement.
- b) The Contractor shall ensure individuals are medically cleared, if possible, prior to admission to a State Psychiatric Hospital or 90/180 Community Civil Commitment facility.
- c) The Contractor shall use best efforts to divert admissions and expedite discharges by using alternative community resources and mental health services, within Available Resources.

- ~~a. Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital. This includes regular participation in treatment and discharge planning meetings as scheduled.~~
- ~~b. Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community MH or SUD providers, etc.~~
- ~~c. Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in the SBH-ASO's Service Area.~~
- ~~d. SBH-ASO/Providers shall screen individuals and assist in Medicaid enrollment in partnership with State Hospital financial services.~~
- ~~e. When individuals being discharged or diverted from state hospitals are placed in a long-term care setting, the SBH-ASO shall:

 - ~~a) Coordinate with DSHS Aging and Long-Term Services Administration (AL TSA) Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement. The model crisis plan format is available on the HCA website.~~
 - ~~b) Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the Individual meets access to care criteria.~~
 - ~~c) Facilitate transfer of services to appropriate entities upon placement outside RSA of admission.~~~~
- ~~2. The SBH-ASO shall respond to State Hospital census alerts to divert admissions and expedite discharges by using alternative community resources and mental health services, within available resources.~~
- 2. The SBH-ASO liaison works with the discharge team to identify potential placement options and resolve barriers to placement, to assure that individuals will be discharged back to the community after the physician/treatment team determines the individual is ready for discharge.
- 3. The Contractor shall provide the following services for American Indian/Alaska Native Individuals in fee for service who have opted out of managed care:

- a. Crisis services and related coordination of care;
- b. Involuntary commitment evaluation services; and
- c. Services related to inpatient discharge and transitions of care.
- d. Assistance in identifying services and resources for individuals with voluntary admissions.

3.4. The SBH-ASO ~~or its Behavioral Health Agencies (BHAs) Providers~~ shall monitor individuals discharged from inpatient hospitalizations or Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements (see SBH-ASO Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order Policy).

4.5. The SBH-ASO ~~shall offer~~coordinates with Providers to offer mental health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements.

5.6. The SBH-ASO ~~shall~~ responds to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with RCW 71.05.340. The SBH-ASO ~~or its BHAs shall~~coordinates with Providers to provide facilitate access to mental health services to Individuals who are ineligible for Medicaid to ensure compliance with conditional release requirements (RCW 10.77.150 and 71.05.340).

7. Non-Medicaid Conditional Release individuals in transitional status in Pierce or Spokane County will transfer back to the region they resided ~~in prior~~in prior to entering the State Hospital upon completion of transitional care. Individuals residing in the Salish RSA prior to admission and discharging to another RSA will do so according to the agreement established between the receiving RSA and the SBH-ASO. The Agreements shall include; as possible.

- a. Specific roles and responsibilities of the parties related to transitions between the community and the State Hospital.
- b. Collaborative discharge planning and coordination with cross-system partners such as residential facilities, community MH or SUD providers, etc.
- c. Identification and resolution of barriers which prevent discharge and systemic issues that create delays or prevent placements in the Salish RSA.
- d. SBH-ASO/Providers shall screen individuals and assist in Medicaid enrollment in partnership with State Hospital financial services.
- e. When Individuals being discharged or diverted from state hospitals are placed in a long-term care setting, the SBH-ASO partners with Providers to:
 - a) Coordinate with DSHS Aging and Long-Term Services Administration (AL TSA) Home and Community Services (HCS) and any residential provider to develop a crisis plan to support the placement. The model crisis plan format is available on the HCA website.
 - b) Coordinate with HCS and any residential provider in the development of a treatment plan that supports the viability of the HCS placement when the Individual meets access to care criteria.

6.

7.8. _____ The SBH-ASO ~~shall~~ s implement a program that follows program and reporting standards found in the Peer Bridger Exhibit of the HCA BH-ASO contract.

Policy Name: JAIL TRANSITION SERVICES

Policy Number: CI207

Effective Date: ~~01/01/2020~~

Revision Dates: 5/14/20

Reviewed Date: ~~07/19/2019~~

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

POLICY

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

PROCEDURE

1. SBH-ASO Jail Transition Services are to be provided within available resources.
 - a. ~~1.~~ SBH-ASO and Providers ~~BHAs shall~~ coordinate with local law enforcement and jail personnel to meet the needs of individuals detained in city, county, Tribal, and regional jails.
 - b. ~~2.~~ BHAs Providers must identify and provide transition services to persons with mental illness and/or co-occurring disorders to expedite and facilitate their return to the community.
 - c. ~~3.~~ BHAs Providers shall accept referrals for intake of persons who are not enrolled in community mental health services but who meet priority populations as defined in Chapter 71.24 RCW. SBH-ASO BHAs Providers must conduct mental health intake assessments for these persons and, when appropriate, provide transition services prior to their release from jail.

d. ~~4.~~ SBH-ASO ~~BHAs~~Providers shall assist Individuals with mental illness in completing and submitting an application for medical assistance prior to release from jail.

~~2.~~ Providers assist Individuals with mental illness and/or co-occurring disorders with the coordination of the re-activation of Medicaid benefits if those benefits were suspended while the Individual was incarcerated, which may involve coordinating the submission of prior authorization with the managed care organizations.

~~3.~~ ~~5.~~ Pre-release services ~~shall~~ include:

- a. Mental health and Substance Use Disorder (SUD) -screening for Individuals who display behavior consistent with a need for such screening, who submit a request for services, or who have been referred by jail staff or officers of the court.
- b. Mental health intake assessments for persons identified during the mental health screening as a member of a priority population.
- c. Facilitation of expedited medical and financial eligibility determination with the goal of immediate access to benefits upon release from incarceration.
- d. Other prudent pre-release and pre-trial case management and transition planning.
- e. Direct mental health or SUD services to Individuals who are in jails that have no mental health staff.

~~4.~~ Post-release outreach to ensure follow-up for mental health and other services (e.g., ~~substance abuse~~SUD) to stabilize Individuals in the community.

~~5.~~ If the SBH-ASO has provided the jail services in this section the SBH-ASO may also use the Jail Coordination Services funds, if sufficient, to facilitate any of the following:

- ~~i.~~a. Daily cross-reference between new booking and the Data Store to identify newly booked persons.
- ~~ii.~~b. Develop individual alternative service plans (alternative to the jail) for submission to the courts. Plans will incorporate evidence-based risk assessment screening tools.
- ~~iii.~~c. Inter-local Agreements with juvenile detention facilities.
- ~~iv.~~d. Provide up to a seven (7) day supply of medications for the treatment of mental health symptoms following the release from jail.
- ~~v.~~ Training to local law enforcement and jail services personnel regarding de-escalation, crisis intervention, and similar training topics.

New Policies

CP304 – Code of Conduct

CP304a – Code of Conduct Attestation

No Track Changes.

These policies were a complete rewrite. They can be found in the main Executive Board packet.

Policy Name: UTILIZATION MANAGEMENT REQUIREMENTS

Policy Number: UM801

Effective Date: 01/01/2020

Revision Dates: [12/16/2020](#)

Reviewed Date: 07/26/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To provide an overview of the Utilization Management Requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO). The SBH-ASO has a utilization management program (UMP) to ensure the application of resources in the most clinically appropriate and cost-effective manner.

POLICY

Utilization Management (UM) activities will be conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible Individuals in the Salish [Regional Service Area \(RSA\)](#). SBH-ASO ~~shall~~ ensures all UM activities are structured to not provide incentives for any [individual-person](#) or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.

DEFINITIONS

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

~~**Individual**—means any person in the RSA regardless of income, ability to pay, insurance status or county of residence. With respect to non-crisis services, individual means a person who has applied for, is eligible for, or who has received GFS/FBG services through this contract.~~

Leadership Team — means the SBH-ASO Administrator, Clinical Director, and Behavioral Health Medical Director.

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

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

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

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

PROCEDURE

SBH-ASO Behavioral Health Medical Director ~~will~~ provides guidance, leadership, and oversight of the Utilization Management (UM) program for Contracted Services used by Individuals. The following activities may be carried out in conjunction with the administrative staff or other clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:

1. Processes for evaluation and referral to services.
2. Review of consistent application of criteria for provision of services within available resources and related grievances.
3. Review of assessment and treatment services against clinical practice standards. Clinical practice standards include, but are not limited to, evidenced-based practice guidelines, culturally appropriate services, and discharge planning guidelines and activities, such as coordination of care.
4. Monitor for over- and under-utilization of services, including Crisis Services.
5. Ensure resource management and UM activities are not structured in such a way as to provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services.

SBH-ASO ~~will develop and implement~~maintains UM protocols for all services and supports funded solely or in part through General Fund State (GFS) or Federal Block Grant (FBG) funds. The UM protocols ~~will~~ comply with the following provisions:

1. ~~P~~Must have policies and procedures that establish a standardized methodology for determining when GFS and FBG resources are available for the provision of behavioral health services. The processes and methodology ~~will~~ include the following components:
 - i. An aggregate of spending across GFS and FBG fund sources under the Contract.
 - ii. For any case-specific review decisions, ~~will maintain the SBH-ASO~~maintains Level of Care Guidelines for making authorization, continued stay, and discharge determinations. The Level of Care Guidelines ~~will~~ address GFS and Substance Abuse Block Grant (SABG) priority population requirements. ~~The contractor will~~SBH-ASO use utilizes American Society of Addiction Medicine (ASAM) Criteria to make placement decisions for all SUD services.
 - iii. ~~A plan~~SBH-ASO monitors reports (such as spending and authorization reports) reports at a minimum of monthly to address under- or over-utilization patterns with providers ~~to~~ avoid unspent funds or gaps in service at the end of a contract period due to limits in available resources.
 - A. The SBH-ASO Leadership Team shall address reviews spending this at least quarterly to identify any needed budget adjustments
 - iii. ~~z~~
 - iv. ~~SBH-ASO provides e~~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 quarterly Integrated Provider Meetings, quarterly Quality and Compliance Committee Meetings, and monthly Crisis Provider Meetings. Technical assistance is provided to individual providers/agencies on an as needed basis, upon request, or in alignment with corrective action plans.
 - v. ~~SBH-ASO issues c~~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 Contracts Administrator 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 Have~~ information systems ~~that~~ enables paperless submission, automated processing, and status updates for authorization and other UM related requests through the Salish Notification Authorization Program (SNAP), when feasible.
- viii. ~~Will SBH-ASO~~ maintains information systems that collect, analyze and integrate data that can be submitted for utilization management purposes.

2. Will 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.

7.3. Will educate 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 ~~will~~ address the cultural needs of diverse populations.

4. Will ensure all SBH-ASO UM staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing and managing. This occurs during on-going SBH-ASO Clinical Meetings as well as SBH-ASO Data and Development Meetings for SNAP.

5. SBH-ASO employs mechanisms to ensure consistent application of UMP review criteria for authorization decisions.

- 8.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.

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

10.7. SBH-ASO sub-contractors must:

- i. Keep records necessary to adequately document services provided to all individuals for all delegated activities including

quality improvement, utilization management, and Individual Rights and Protections.

- ii. Develop clear descriptions of any administrative functions delegated by the SBH-ASO in the Subcontract. Administrative functions are any obligations, other than the direct provision of services to individuals, and include but are not limited to utilization/medical management.

~~11.8.~~ Authorization reviews ~~will be~~are conducted by state licensed Behavioral Health Providers with experience working with the populations and/or settings under review.

~~12.9.~~ ~~Will have~~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).

~~13.10.~~ ~~Adverse utilization review determinations based on medical necessity~~Actions including any decision to authorize a service in an amount, duration, or scope that is less than requested will be conducted by:

- ~~i.iii.~~ A physician board-certified or board-eligible in psychiatry or child and adolescent psychiatry;
- ~~ii.iv.~~ A physician board-certified or board-eligible in addiction medicine, a subspecialty in addiction psychiatry; or
- ~~iii.v.~~ A licensed, doctoral level clinical psychologist.

~~14.11.~~ The SBH-ASO ~~will~~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:

- ~~i.vi.~~ A physician board-certified or board-eligible in psychiatry must review all inpatient level of care actions (denials) for psychiatric treatment.
- ~~ii.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.

~~15.12.~~ SBH-ASO ~~shall~~ 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 ~~person's~~ Individual's condition or disease.

~~13.~~ SBH-ASO ~~does~~shall not structure compensation to individuals or entities that conduct utilization management activities so as to provide incentives

for the individual or entity to deny, limit, or discontinue Medically Necessary Services to an Individual.

14. SBH-ASO maintains written job descriptions of all Contractor-UM staff. SBH-ASO staff that review denials of care based on medical necessity shall have job descriptions that describe required education, training, non-restricted license, including HIPAA training compliance.

15. 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.

16. 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.

17. SBH-ASO shall inform providers in writing the requirements for Utilization Management (UM) decision making, procedure coding, and submitting claims for GFS and FBG funded services.

Medical Necessity Determination

1. SBH-ASO will collect all information necessary to make medical necessity determinations. 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 in the HCA BH-ASO Contract.
3. SBH-ASO's determination of medical necessity shall be final, except as specifically provided in SBH-ASO Policy - Grievance System.

Authorization of Services

1. SBH-ASO will provide education and ongoing guidance and training to individuals and providers about its UM protocols (UMP), including ASAM criteria for SUD services and SBH-ASO Level of Care Guidelines, including admission, continued stay, and discharge criteria.

~~SBH-ASO will have in effect employs mechanisms to ensure consistent application of UMP review criteria for authorization decisions.~~

2. 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.

3.2. SBH-ASO will consult with the requesting provider when appropriate.

Utilization Management Monitoring

The SBH-ASO will ensure that all notifications for authorization decisions adhere to timeframes outlined in SBH-ASO Policy - Notice Requirements. The SBH-ASO will require monitoring of all contracted providers through a process that includes but is not limited to:

- 1. Monitoring Reports for each contracted provider that includes:**
 - a. Authorization and denial data
 - b. Over- and under-utilization of services
 - c. Appropriateness of services
 - d. Other data as identified

- 2. Review of Monitoring Reports**
 - a. The Internal Quality Committee (IQC) will review these reports.
 - 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.

Corrective Actions

~~As appropriate, QACC recommendations concerning delegate and subcontractor performance will be forwarded to the SBH-ASO Leadership Team for review and decision making as per the SBH-ASO Provider Network Selection, Retention, Management and Monitoring Policy. Any identified issues regarding SBH-ASO not meeting the necessary benchmarks or timelines will be remediated by the QACC in accordance with the SBH-ASO Quality Management Plan. All remediation processes and outcomes are reported to the SBH-ASO Leadership Team by the QACC Chair.~~

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</p> <ul style="list-style-type: none"> • Acute Psychiatric Inpatient • Evaluation and Treatment • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital • Secure Withdrawal Management <p>* INDIVIDUALS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p>	<p>No, if ITA. ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day.</p> <p>Yes, if Voluntary. Voluntary Admission requires prior authorization.*</p> <p><i>*Initial: 3-5 days, depending on medical necessity</i></p>	<p>A. Involuntary ITA Certification:</p> <ol style="list-style-type: none"> 1. Initial: Submission of <u>SBH-ASO Notification/Authorization Request Form</u> for ITA treatment services to include <u>admissions and court order.</u> ITA Level 3 Services Notification Request Form. ITA certification limited to <u>court date plus one (1) 20 days.</u>, not to exceed 720 days. 2. Concurrent Review/Continued Stay: <u>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.</u> Hospital provides <u>cClinical update, legal status and dDischarge plan as necessary during legal status changes or extensions.</u> <u>ITA certification limited to court date plus one (1) day, not to exceed 7 days.</u> 3. Retrospective Review: Hospital submits <u>Request for SBH-ASO Notification/Authorization Request Form for ITA Level 3 Retrospective review and required documents.</u> <u>Clinical update and discharge plan as necessary during legal status changes or extensions.</u> <p>B. Mental Health Voluntary:</p> <ol style="list-style-type: none"> 1. Prospective/Initial Review: Submission of <u>Level 3 SBH-ASO Notification/Authorization Request Form for Voluntary Inpatient treatment services.</u> <u>Voluntary Authorization form</u> <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity, and Availability of Resources. 2. Concurrent Review/Continued Stay: Submission of <u>Level 3 SBH-ASO Notification/Authorization Request Form Authorization Extension form</u> at least by the preceding business day prior to expiration of the authorized period. <u>Hospital provides clinical update and discharge plan as necessary during legal status changes or extensions.</u> <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity, and Availability of Resources. 2. <u>Subject to Eligibility, Medical Necessity, and Availability of Resource</u>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>CRISIS LINE AND CRISIS INTERVENTION Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.</p> <ul style="list-style-type: none"> • Services may be provided prior to intake evaluation. • Services do not have to be provided face to face. • Crisis Hotline services 	<p>No</p>	<p>N/A</p>
<p>WITHDRAWAL MANAGEMENT (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> • ASAM 3.7 WM • ASAM 3.2 WM <p>*IF INDIVIDUAL IS ADMITTED UNDER ITA, SEE ABOVE ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER</p>	<p>No, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p>Yes, if <u>planned</u> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>Initial: 3-5 days</i></p>	<p>A. <u>Emergent* Admission:</u></p> <p>1. Notification: Submission SBH-ASO Notification/Authorization Request Form of Level 0 Withdrawal Management Notification Form for Withdrawal Management.</p> <p>a. All services delivered are subject to Eligibility, Medical Necessity, and Availability of Resources.</p> <p>2. Concurrent Review/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.</p> <p>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</p> <p>Facility provides Clinical update and discharge plan within one (1) business day from Admit.</p> <p>a. Subject to Eligibility, Medical Necessity, and Availability of Resources.</p> <p>B. <u>Planned Admission:</u></p> <p>1. Prospective Review: SBH-ASO Notification/Authorization Request Form Submission of Level 0 Withdrawal</p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY Services provided to individuals who are experiencing a mental health crisis.</p> <ul style="list-style-type: none"> • 24 hours per day/ 7 days per week availability. • Services may be provided prior to intake evaluation. • Service provided in a facility licensed by DOH and certified by DBHR or in a home-like setting, or a setting that provides for safety of the person and the mental health professional. • Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects. • Service provided as follow up to crisis services; and to other persons determined by mental health professional to be in need of additional stabilization services • Additional mental health or substance use disorder services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services. 	<p>Yes<u>No</u>, if Emergent – requires notification prior authorization only within 24 hours followed by concurrent review within one business day.</p> <p>No, <u>Note if Planned</u> – SBH-ASO does not provide <u>for</u> planned admission to Crisis Stabilization.</p>	<p>A. Emergent Admission* a. Prior Authorization Notification: Submission <u>SBH-ASO Notification/Authorization Request Form</u> of Level 0 Crisis Stabilization Form. i. a. All services delivered are subject to Eligibility and Medical Necessity <u>and Availability of Resources.</u></p> <p>b.1. Concurrent Review <u>Continued Stay:</u> Facility <u>submits SBH-ASO Notification/Authorization Request Form including provides c</u> Clinical update <u>and discharge plan</u> within one (1) business day <u>prior to expiration of current authorization period. from Admit.</u> a. Subject to Eligibility, Medical Necessity and Availability of Resources.</p> <p>B.ii. Planned Admission: a. SBH-ASO does not provide <u>for</u> planned admission for Facility-Based Crisis Stabilization.</p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>RESIDENTIAL TREATMENT</p> <ul style="list-style-type: none"> MH Residential ASAM 3.1 ASAM 3.3 ASAM 3.5 	<p>Yes – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*MH- 90 up to 30 days for initial authorization depending on continued medical necessity.</i></p> <p><i>*SUD- ASAM 3.5 – up to 15 days for initial authorization depending on continued medical necessity.</i></p> <p><i>ASAM 3.3 – up to 30 days for initial authorization depending on continued medical necessity.</i></p> <p><i>ASAM 3.1 – 90 up to -30 days for initial authorization depending on continued medical necessity.</i></p>	<p>A. Prior Authorization:</p> <p>1. Prospective Review: <u>SBH-ASO Notification/Authorization Request Form Submission of Level 2 Residential Treatment Form.</u></p> <p>a. Subject to Eligibility, Medical Necessity and Availability of Resources.</p> <p>2. Continued Staycurrent Review:</p> <p>a. <u>SBH-ASO Notification/Authorization Request Form Submission of Level 2 Continuing Stay Form -10five (5)</u> business days prior to expiration of current authorization period.</p> <p>b. Subject to Eligibility, Medical Necessity and Availability of Resources.</p> <p>1. Retrospective Review:</p> <p>2.</p> <p>b.a. <u>SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.</u> Retrospective Review:</p> <p>i. <u>SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity.</u></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
<p>OUTPATIENT PROGRAM Service modalities delivered in accordance with Outpatient Behavioral Health Treatment. Including:</p> <ul style="list-style-type: none"> • Brief Intervention Treatment • Day Support • Family Treatment • Group Treatment Services • High Intensity Treatment • Individual Treatment Services • Medication Monitoring • Medication Management • Peer Support • Psychological Assessment • Therapeutic Psychoeducation • Case Management • Opiate Treatment Program • SUD Outpatient Treatment 	<p>Yes –requires prior authorization <u>per monthly service package</u></p>	<p>A. Prior Authorization:</p> <p>1. Prospective Review: Submission <u>SBH-ASO Notification/Authorization Request Form of Level 1 Treatment Form.</u></p> <p style="margin-left: 40px;">a. Subject to Eligibility, Medical Necessity and Availability of Resources.</p> <p>2. Concurrent Review:</p> <p>a. Submission of Level 1 Extension Request Form 7 calendar days prior to expiration of current authorization period.</p> <p>b. Subject to Eligibility, Medical Necessity and Availability of Resources.</p> <p>3. Retrospective Review:</p> <p style="margin-left: 40px;">a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.</p>
<p>INTAKE/ASSESSMENT SERVICE</p>	<p>No, not for in network providers.</p> <p>Yes, if non-network provider requests <u>prior authorization.</u></p>	<p>In network- N/A</p> <p><u>Out of network-A. Prior a authorization:</u></p> <p>1. Submission of <u>-request submitted to SBH-ASO to review residency and financial eligibility.</u></p> <p style="margin-left: 40px;"><u>a. Subject to Eligibility and Availability of Resources.</u></p>

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process
HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES - PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)	<p>Yes - Prior Authorization required.</p> <p><i>Initial: 90 days for initial authorization depending on medical necessity.</i></p>	<p>A. <u>Prior Authorization:</u></p> <ol style="list-style-type: none"> 1. Prospective Review: Submission of SBH-ASO Notification/Authorization Request Form Level 1 Treatment Form. <ol style="list-style-type: none"> a. Subject to Eligibility, Medical Necessity and Availability of Resources. 2. <u>Continued Stay/current Review:</u> <ol style="list-style-type: none"> a. Submission of SBH-ASO Notification/Authorization Request Form Level 1 Extension Request Form no later than 75 business calendar days prior to expiration of current authorization period. b. Subject to Eligibility, Medical Necessity, and Availability of Resources 3. Retrospective Review: <ol style="list-style-type: none"> a. SBH-ASO reserves the right to perform retrospective reviews to ensure continued stays met medical necessity criteria.
<u>PSYCHOLOGICAL ASSESSMENT AND/OR PSYCHOLOGICAL TESTING</u>	<p>Yes. Prior Authorization required.</p>	<p>Prior authorization request submitted to Salish BH-ASO. SBH-ASO to review financial eligibility, medical necessity, level of care and Availability of Resources.</p>

The requirements and processes for the authorization of SBH-ASO contracted services are dependent on the individual meeting financial eligibility criteria, medical necessity criteria, and the availability of SBH-ASO resources. SBH-ASO reserves the right to reduce, suspend, or terminate an authorization due to changes in financial eligibility, changes in medical necessity, and availability of resources.

Policy Name: ACCESS TO WITHDRAWAL
MANAGEMENT SUBSTANCE USE
DISORDER SERVICES

Policy Number: UM804

Effective Date: 01/01/2020

Revision Dates: 5/11/2020

Reviewed Date: 07/26/2019; 3/4/2020

Executive Board Approval Dates: 11/1/19

PURPOSE

To provide direction for appropriate utilization of residential Withdrawal Management (WM) (~~American Society of Addiction Medicine level (ASAM) SAM~~ 3.7 WM and 3.2 WM) in accordance with medical necessity, financial eligibility, and within available resources.

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) supports both youth and adult individuals in accessing medically necessary (per WAC 182-500-0070) residential WM services (ASAM Level 3.2 WM and 3.7 WM) as assistance in the process of withdrawal from psychoactive substances in a safe and effective manner. SBH-ASO supports WM services that include three (3) necessary components: evaluation, stabilization, and motivating individual readiness to engage in SUD treatment services.

The SBH-ASO maintains a network of contracted Washington (WA) State licensed and certified WM SUD Behavioral Health Agencies (BHA), ~~both within the Salish Regional Service Area (RSA) and in other WA State RSA regions, that are~~ available to assess and accept individuals 24-hours a day ~~and~~, 7 days per week. ~~These WM facilities include American Society of Addiction Medicine (ASAM) 3.2 WM Clinically Managed Withdrawal Residential Management (also known as subacute detox) and ASAM 3.7 WM Medically Monitored Inpatient WM (also known as acute detox). Services are provided to individuals who~~ Individuals must meet medical necessity according to current the ASAM criteria for placement at the designated level of care, ~~as well as medical necessity~~ and within available resources.

~~Providers use ASAM criteria for admission, continued stay, discharge planning and decisions and provide counseling with each individual that addresses the individual's~~

~~SUD, stages of change, motivation and addresses the individual's continuing care needs including referral to other services.~~

A

~~Secure~~ Withdrawal Management Detox Facility as defined in RCW 71.05.020 Facilities provides involuntary treatment to individuals detained under the Involuntary Treatment Act (ITA) ~~at up to level of care~~ ASAM Level 3.7. These services provide evaluation, assessment and WM services to individuals detained by a ~~Salish RSA~~ Designated Crisis Responder (DCR), as well as facilitation of transitions to appropriate voluntary or involuntary inpatient services or to Less Restrictive Alternative (LRA) in accordance with WAC 246-341-1104.

PROCEDURE

1. For individuals attempting to access voluntary WM services they may:
 - a. Be referred by an SBH-ASO contracted BHA that provides SUD services; and/or
 - b. Call a WM SUD facility directly to arrange admission to services.

I. Emergent Admission

1. No prior authorization is required from SBH-ASO for WM in Emergent Admissions; however, individuals must meet financial and medical necessity eligibility. Notification is required within 24 hours of admission.

~~4.2.~~ Emergent admissions are those instances where the individual is referred for WM services by one of the following:

- i. Hospital Emergency Department Physician
- ii. Law Enforcement
- iii. DCR in consultation with a Substance Use Disorder~~Chemical~~ Dependency Professional (SUD~~CDP~~)

~~3. No prior authorization is required from SBH-ASO for WM in emergent situations; however, eligibility review criteria must be met for Substance Abuse Block Grant (SABG) or Criminal Justice Treatment Account (CJTA) funding and medical necessity. Notification by the next business day is required. Secure Withdrawal Management ASAM 3.7 is consider emergent.~~

~~2.~~

- i. For Secure WM~~Detoxification~~ under the ITA, legal status is accepted in lieu of an eligibility review and medical necessity until their legal status changes.
- ii. For Secure WM~~Detoxification~~, when a parent or legal guardian brings their child with or without the consent of the child and the facility meets RCW 71.34.600 and 660, notification is required within 24 hours. the next business day is required.

~~iii.~~ ii. Behavioral Health Withdrawal Management 3.7 is considered emergent.

4. Concurrent view will occur within one business day of receipt of Notification.

II. Planned Admission

- a. If admission is planned, Prior Authorization is required. The provider shall submit a Notification and the Level 0 Authorization Request Form to SBH-ASO.
 - b. Prospective reviews will be completed within 72 hours from the date of request.
2. Each SUD WM facility must have policies and procedures implemented regarding criteria for admittance, length-of-stay, transfer, and discharge.
 3. A facility that provides WM services must provide documentation in an individual's clinical record of the following:
 - a. ~~An~~ SUD screening before admission into services;
 - b. The use of ASAM criteria for admission, continued services, discharge planning and discharge decisions;
 - c. A voluntary consent to treatment form signed by the individual or legal guardian;
 - d. All release of information (ROI) forms signed and dated by the individual or legal guardian for treatment providers, medical providers, other continuing care providers and family members (family as defined by the individual).
 - e. The individual was informed of federal confidentiality requirements and received a copy of the notice required per 42 CFR, Part 2;
 - f. The individual received a Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) brief risk intervention;
 - g. The individual received a tuberculosis (TB) screening and assistance to access medical treatment as necessary;
 - h. Individualized progress notes in a timely manner from each shift and as events occur, such as periodic monitoring of vitals or documentation as to why this did not occur;
 - i. A discharge summary, including a continuing care recommendation and a description of the individual's physical condition, completed within seven (7) business days of discharge; and
 - j. An attempt to assist the individual in arranging either an SUD assessment while in the WM facility, or if the individual has completed an SUD assessment, then admittance into the recommended ASAM level of care based on the ASAM placement criteria and medical necessity.
 - k. The WM facility must submit ~~ana~~ SUD Notification and Authorization Request form for the identified ASAM level of care for residential Level 2 Prospective Authorization request for an individual to be admitted to a residential facility (ASAM level 3.3 or 3.5) directly from the WM facility ~~when medically necessary~~.
 - i. The WM facility submits an electronic authorization request to SBH-ASO, including supporting ~~ive~~ documentation if the individual meets financial and medical necessity criteria according to current ASAM criteria. meets eligibility criteria for SABG or CJTA funding.

- ii. The WM facility arranges facility admission date and transportation based on agreement with the individual and/or legal guardian.
- iii. The WM facility provides other referrals and linkages to specific SUD outpatient and mental health outpatient providers, housing, shelter, food and clothing based on the individualized needs of each individual admitted.

Policy Name: ACCESS TO RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT SERVICES

Policy Number: UM809

Effective Date: 01/01/2020

Revision Dates: [5/14/2020](#)

Reviewed Date: 07/30/2019

Executive Board Approval Dates:

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 [Chemical Dependency Substance Use Disorder Professional \(CDPSUDP\)](#) and/or a [Chemical Dependency Professional Substance Use Disorder Professional Trainee \(CDPTSUDPT\)](#) under the supervision of a [CDPSUDP](#). [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 SBH-ASO contract.

SBH-ASO maintains a provider network of contracted SUD Residential Behavioral Health Agencies (BHA) ~~within the Salish RSA and other RSAs in Washington State~~ to ensure network adequacy and access for Individuals in the SBH-ASO.

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

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

home or for whom home is not a safe, supportive environment. The focus of treatment is long-term recovery, community support, and improvement in major life competencies. This level of SUD treatment as described satisfies the level of intensity in ASAM Level 3.1.

PROCEDURE

~~Prospective-Prior~~ authorization is required for all SUD Residential ~~Level of 2~~ care. Initial authorization requests may be made for Salish RSA financially eligible Individuals by SBH-ASO SUD outpatient providers, SBH-ASO withdrawal management (WM) providers, and the hospital-based Chemical Using Pregnant (CUP) facilities.

Authorization requests are submitted electronically ~~or through peer-to-peer reviews~~ and are acknowledged upon receipt. responded to within business hours. Authorization decisions Responses 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 ~~an CDP-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 ~~an Level 2 SUD Residential authorization~~ SBH-ASO Notification and Authorization request a minimum of 5 business days prior to the expected admission date and a maximum of 14 days prior to the expected admission date;
 - ii. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
 - d. Notify the residential facility of the initial authorization of services by providing the residential facility in writing with:
 - i. The SBH-ASO authorization number, and
 - ii. The Individual's name, the Individual's birth date, authorized length-of-stay, and expected admit date as scheduled.

- e. Assist the Individual with life arrangements to enter residential treatment and transportation arrangements to the residential facility as is needed by the Individual;
- f. Maintain contact with the residential facility while the Individual is receiving services for the purposes of 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.

~~g. Submit Level 1 SUD Outpatient authorization from SBH-ASO a minimum of 72 hours prior to discharge from the residential facility.~~

~~i. SBH-ASO determines resource availability for authorization requests. Upon authorization Provider shall:~~

~~a) Arrange an appointment through the residential facility for the Individual to re-enter the OP level of care, prior to the Individual's discharge from the residential facility (whether planned or unplanned) by:~~

~~b) Make an intake or re-entry appointment available within two (2) business days of an Individual's discharge from a residential SUD BHA.~~

~~ii. If authorization is not approved, the Provider shall assist the Individual with appropriate community referrals, OR~~

~~iii. If the Individual is not returning to the referring OP SUD BHA for OP SUD services, the referring OP SUD BHA will attempt to assist the Individual and the residential SUD BHA in making arrangements for care at another SUD BHA.~~

2. SBH-ASO will notify in writing the Individual requesting services of the authorization request decision if it is denied. 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 CDP-SUDP that determined the adolescent meets a DSM-5, ASAM residential level of care, medical necessity, and financial eligibility criteria.

- a. SBH-ASO will review the assessment materials, including financial eligibility criteria for SABG.

- b. SBH-ASO will provide the initial authorization decision directly to the residential facility in these cases that meet DSM-5 diagnosis, ASAM level of care, medical necessity, financial eligibility and within available resources.
 - c. The residential facility will work with the parent and/or Washington State entity to develop the continuity of care plan to ensure the adolescent is actively connected with ongoing care when he/she returns to their home community as part of the prior discharge planning.
4. Efforts to get an Individual's funding status changed from State-Only to Medicaid should also commence upon admission.
5. The SUD residential facility is responsible to electronically request the continuing stay/re-authorization _10 business days prior to the expiration of the initial authorization.
 - a. Submit the required information to establish the need for medically necessary continuing stay/re-authorization electronically to SBH-ASO.
 - b. SBH-ASO provides a peer-to-peer review of the requested ed 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, theis 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.

Policy Name: CRIMINAL JUSTICE TREATMENT ACCOUNT (CJTA)

Policy Number: UM810

Effective Date: 01/01/2020

Revision Dates: 5/14/2020

Reviewed Date: 07/19/2019; 5/5/2020

Executive Board Approval Dates: 11/1/2019

PURPOSE

To define the State CJTA funds, to identify the individuals eligible for State CJTA funds and the services covered by State CJTA funds in the Salish region. For individuals eligible for services covered by State CJTA funds and within available resources, this policy is also meant to ensure consistent application of standards region-wide for access to substance use disorder (SUD) services.

POLICY

Salish Behavioral Health Administrative Services Organization (SBH-ASO) receives and administers CJTA funding for Clallam, Jefferson and Kitsap counties and disperses these funds in accordance with RCW 71.24.580 and RCW 2.30.030.

SBH-ASO utilizes ~~State CJTA funds to provide services and cover allowable expenses to eligible Individuals, within available resources, as long as the resources are available, to provide services to this specific population of eligible individuals, as well as, pay for allowable expenses. Individuals financially eligible for State CJTA funded services must be ineligible for Medicaid or receive services that are not Medicaid eligible and must be at or below 220% of federal poverty guidelines.~~

SBH-ASO utilizes ~~State~~ CJTA funds for the following ~~i~~ individuals:

- A. Substance using and potential addiction if the Individual does not receive SUD treatment; AND
- B. Charged with an offense by a Washington State prosecuting attorney or in drug court; AND
- C. Not eligible for Medicaid or have treatment needs that are not Medicaid eligible; AND

- D. Who are at or below 220% of the federal poverty level; AND
- E. A resident of Jefferson, Clallam or Kitsap Counties.

SBH-ASO and ~~its~~ Providers ~~shall~~ adhere to CJTA Funding Guidelines including:

1. In accordance with RCW 2.30.040, if CJTA funds are managed by a Drug Court, the ~~court is~~ ~~it is~~ required to provide a dollar-for-dollar participation match for services to Individuals who are receiving services under the supervision of ~~De~~rug ~~Ce~~court.
2. No more than ten percent (10%) of the total CJTA funds can be used for the following support services combined:
 - a. Transportation; and
 - b. Child Care Services

SBH-ASO ~~shall~~ provides a minimum of thirty percent (30%) of the CJTA funds for special projects that meet any or all of the following conditions:

1. An acknowledged best practice (or treatment strategy) that can be documented in published research, or
2. An approach utilizing either traditional or best practices to treat significantly underserved population(s), or
3. A regional project conducted in partnership with at least one (1)⁴ other entity serving the RSA ~~service are~~ such as, the Apple Health-IMC MCOs operating in the RSA or the ACH.

Services that can be provided using CJTA funds are:

1. Brief Intervention (Any Level, Assessment not Required)
2. Sub-Acute and Acute Withdrawal Management (ASAM Level 3.2~~WM~~)
3. Outpatient Treatment (ASAM Level 1)
4. Intensive Outpatient Treatment (ASAM Level 2.1)
5. Opiate Substitution Treatment (ASAM Level 1)
6. Case Management (ASAM Level 1, 2.1)
7. Intensive Inpatient Residential Treatment (ASAM Level 3.5)
8. Long-term Care Residential Treatment (ASAM Level 3.3)
9. Recovery House Residential Treatment (ASAM Level 3.1)
10. Assessment (to include Assessments done while in jail)
11. Interim Services
12. Community Outreach
13. Involuntary Commitment Investigations and Treatment
14. Room and Board (Residential Treatment Only)

15. Transportation
16. Childcare Services
17. Urinalysis
18. Treatment in the Jail; limited to 8 sessions that may include:
 - a. Engaging individuals in SUD treatment
 - b. Referral to SUD services
 - c. Administration of Medications for the treatment of substance use disorder, including Opioid Use Disorder (MOUD) to include the following:
 - i. Screening for Medications for Substance Use Disorder including MOUD
 - ii. Cost of Medications for treating Substance Use Disorders including MOUD
 - b-iii. Administration of Medications for Substance Use Disorders including MOUD
 - e-d. Coordinating care
 - d-e. Continuity of care
 - e-f. Transition planning
19. Employment services and job training
20. Relapse Prevention
21. Family/Marriage education
22. Peer-to-peer services, mentoring and coaching
23. Self-help and support groups
24. Housing Support Services (rent and/or deposits)
25. Life Skills
26. Spiritual and faith-based support
27. Education
28. Parent education and child development

~~State CJTA funds payment by SBH-ASO for individuals receiving SUD services shall be considered payment in full, as long as, they meet income qualifications and other eligibility qualifications, per this policy.~~

PROCEDURE

SBH-ASO ~~Providers are network providers will be~~ awarded CJTA funds in accordance with each County's~~ies~~ respective CJTA Committee allocations for the contract period and will render services in accordance with contract requirements. SBH-ASO network providers will invoice the SBH-ASO on a monthly basis for costs incurred in the month previous~~s on the approved form.s-~~

All entities receiving CJTA funding must have policies and procedures allowing access to care for Individuals at any point in their course of FDA-approved medication assisted treatment (MAT). Therapeutic Courts cannot mandate discontinuation, titration, or alteration of an Individual's medication regimen to be admitted to, continue in, or graduate from a Therapeutic Court program. All decisions concerning medication are made solely between the participant and their prescribing provider.

~~Services provided to Salish residents are transmitted to the BH-ASO each month.~~

~~No reimbursement payment for services provided will be made by SBH-ASO when an individual does not meet eligibility criteria for CJTA funds.~~

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

Effective Date: 1/1/2020

Revision Dates: [12/16/2020](#)

Reviewed Date:

Executive Board Approval Dates: [5/22/2020](#)

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
Designation of Privacy Officer	SBH-ASO Administrator	The role of the Privacy person is to be a point of contact for all HIPAA, HITECH, and 42 CFR Part 2 concerns, investigate and report violations, as needed, and maintain up to date trainings and activities.	As needed	
Through the Monitoring Review process ensure continuous monitoring of compliance with SBH-ASO Privacy policies throughout network	SBH-ASO Privacy Officer	SBH-ASO subcontractors are required by contract to adhere to SBH-ASO policies and procedures. This is on the Monitoring Review Tool	On-going, annual reviews As needed	
Through the Monitoring Review process ensure continuous monitoring that of the	Privacy Officer	This is on the Monitoring Review Tool	On-going, annual reviews	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
provider staff are instructed in the confidentiality requirements				
Through the Monitoring Review process ensure continuous monitoring that of the provider staff signed statement that acknowledges understanding of requirements in personnel records.	Privacy Officer	This is on the Monitoring Review Tool	On-going, annual reviews	
Assure all SBH <u>SBH-ASO</u> staff have on file a signed statement that acknowledges understanding of requirements	<u>SBH-ASO</u> Privacy Officer	Signed statements for each SBH <u>SBH-ASO</u> staff person will be kept on file by the Administrative Assistant <u>Privacy Officer</u> .	<u>Upon hire (w/in 90 days) and every year after</u> Annually	
Designation of Privacy Officer	Privacy Officer	The role of the Privacy person is to be a point of contact for all HIPAA and 42 CFR Part 2 concerns, investigate and report violations, as needed, and maintain up to date trainings and activities.	As needed	
Provision of Training requirements	<u>SBH-ASO</u> Privacy Officer	<u>SBH</u> <u>Ensure that all</u> SBH <u>SBH-ASO</u> staff is trained on the HIPAA privacy regulations.	<u>Upon hire (w/in 90 days) and annually thereafter every year after</u>	
Assure all staff who have received HIPAA training have signed a statement acknowledging the training	<u>SBH-ASO</u> Privacy Officer	To be completed at the time of training and kept on file with signed statements that acknowledge understanding of requirements	Upon hire (w/in 90 days) and every year after	
<u>Maintain Breach Log and submit to HHS secretary as required</u>	<u>SBH-ASO</u> Privacy Officer	<u>Maintain a Breach Log of any violation of SBH-ASO Privacy Policy and/or any HIPAA/HITECH/42 CFR Part 2 breaches. Includes risk analysis for any identified breach and notification of the Secretary of HHS as required.</u>	<u>Ongoing maintenance. Annual reporting, or as required.</u>	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
<p><u>Maintain a risk assessment that is updated regularly and as needed</u></p>	<p><u>SBH-ASO Privacy Officer /Compliance Officer</u></p>	<p><u>Maintain a current risk assessment report to mitigate privacy, security and compliance issues. This report is reviewed regularly for changes to the process and updated as needed. This document is reviewed in collaboration with SBH-ASO leadership and key staff.</u></p>	<p><u>At a minimum of annually and as needed.</u></p>	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
<p>Maintain Breach Log and submit to HHS secretary as required. <u>Creation and distribution of a privacy and/or security reminder newsletter/flyer</u></p>	<p>Privacy Officer <u>SBH-ASO Privacy Officer</u></p>	<p><u>Maintain a Breach Log of any violation of SBHO Privacy Policy and/or any HIPAA/HITECH/42 CFR Part 2 breaches. Includes a risk analysis for any identified breach and notification of the Secretary of HHS as required. To be distributed via email and in routine meetings</u></p>	<p><u>Ongoing maintenance. Annual reporting, or as required. Every three months</u> Semiannually</p>	
<p><u>Continuous practice of physical safeguards. Maintain a risk assessment that is updated regularly and as needed.</u></p>	<p>All SBH-ASO Staff Privacy Officer</p>	<p><u>Any documentation containing PHI is maintained in a locked file cabinet with keys hidden. Maintain a current risk assessment report used to mitigate privacy and security issues. This report is reviewed regularly for changes to the process and updated as needed.</u></p>	<p><u>Ongoing</u> Annually and/or as needed.</p>	
<p><u>Posting of Privacy Notice</u> Creation and distribution of a privacy and/or security reminder newsletter/flyer.</p>	<p><u>SBH-ASO Privacy Officer</u> Privacy Officer</p>	<p><u>The SBH-ASO Privacy Notice is posted in a visible area. To be distributed via e-mail and in routine meetings</u></p>	<p><u>Ongoing</u> Every three months</p>	
<p><u>Accounting of Disclosures</u> Continuous practice of physical safeguards.</p>	<p><u>SBH-ASO Privacy Officer</u> All SBHO Staff</p>	<p><u>A file containing a log to document disclosures is maintained by the Privacy Officer. Any documentation containing PHI is maintained in a locked file cabinet with keys hidden.</u></p>	<p><u>Ongoing</u> Ongoing</p>	
<p><u>Continuous practice of password protection.</u> <u>Posting of Privacy Notice.</u></p>	<p>All SBH-ASO Staff, Kitsap County Information Services Department, All SBH-ASO Staff Privacy Officer</p>	<p><u>All SBH-ASO staff have a unique and confidential password to access the SBH-ASO computer systems and e-mail. Passwords are regularly changed (every 60 days) maintain security of the system. The SBHO Privacy Notice is posted in a visible area.</u></p>	<p><u>Ongoing</u> Ongoing</p>	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
<p><u>Observation of E-mail confidentiality policies.</u> <u>Accounting of Disclosures</u></p>	<p><u>All Staff</u> <u>SBH-ASO</u> <u>Staff</u> <u>Privacy Officer</u></p>	<p><u>It is the policy and practice of the SBH-ASO that no e-mail message shall be sent containing PHI unless it is sent with electronic encryption that meets National Institute of Standards and Technology to verify email address. If at any time either an SBH-ASO employee or contactor transmits unencrypted PHI as part of an e-mail message, the SBH-ASO employee shall immediately notify the sending party and the Privacy Officer. A file containing a log to document disclosures is maintained by the Privacy Officer.</u></p>	<p><u>Ongoing</u> <u>Ongoing</u> <u>g</u></p>	
<p><u>Observation of Fax confidentiality policies.</u> <u>Continuous practice of password protection.</u></p>	<p><u>All Staff</u> <u>BH-ASO</u> <u>Staff</u> <u>Kitsap County</u> <u>Information Services</u> <u>Department</u></p>	<p><u>A HIPAA confidentiality statement is on the SBH-ASO fax cover sheet. Faxes should only be sent with the SBH-ASO fax cover sheet. All SBHO staff have a unique and confidential password to access the SBHO computer systems and e-mail. Passwords are regularly changed (every 60 days) maintain security of the system.</u></p>	<p><u>Ongoing</u> <u>Ongoing</u> <u>g</u></p>	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
<p><u>Use of other Electronic Communication</u> Observation of E-mail confidentiality policies.</p>	<p>All SBH-ASO Staff</p>	<p>Electronic communications containing PHI may be accomplished using the shared network drive that will be accessible to SBH-ASO staff and provider agencies through the system "Virtual Private Network/Secure Socket Layer system". It is the policy and practice of the SBHO that no e-mail message shall be sent containing PHI unless it is sent with electronic encryption that meets National Institute of Standards and Technology to verify email address. If at any time either a SBHO employee or contactor transmits unencrypted PHI as part of an e-mail message, the SBHO employee shall immediately notify the sending party and the Privacy Officer.</p>	<p>Ongoing</p>	
<p><u>Ensure signed Business Associate Addendum are in place</u> Observation of Fax confidentiality policies.</p>	<p>SBH-ASO Administrator</p>	<p>Each contract provider must have signed the Business Associate Addendum. The addendums are kept on file at the SBH-ASO office. A HIPAA confidentiality statement is on the SBHO fax cover sheet. Faxes should only be sent with the SBHO fax cover sheet.</p>	<p>Ongoing</p>	
<p><u>Website</u> Use of other Electronic Communication.</p>	<p>SBH-ASO Website Administrator</p>	<p>A Privacy and Security statement is added to the SBH-ASO Behavioral Health webpage within the Kitsap County website. Electronic communications containing PHI may be accomplished using the shared network drive that will be accessible to SBHO staff and provider agencies through the system "Virtual Private Network/Secure Socket Layer system".</p>	<p>Ongoing</p>	

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
Ensure signed Business Associate Addendum are in place.	Administrator	Each contract provider must have signed the Business Associate Addendum. The addendums are kept on file at the SBHO office.	Completed	
Website	Website Administrator	A Privacy and Security statement is added to the SBHO Behavioral Health webpage within the Kitsap County website.		



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, March 19, 2021

TIME: 9:00 AM – 11:00 AM

LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

****Recommend participation by either computer or ZOOM app on your mobile phone. Please use this link to download ZOOM to your computer or phone: <https://zoom.us/support/download>.****

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://zoom.us/j/96299445707?pwd=SkIGdVN4d1dIV3R6MEo3eGJuRWoxdz09>

Meeting ID: 962 9944 5707

Passcode: 996758

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 962 9944 5707

Passcode: 996758

A G E N D A

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Minutes for January 15, 2021 (Attachment 5)
6. Action Items
 - a. Reappointment of Advisory Board Members
 - b. Request for Proposal (RFP) for additional Block Grant Allocation
7. Informational Items
 - a. United Health Care Contract Update
 - b. MCO Reconciliation Update
 - c. Legislative Update on “988” Bill (2SHB 1477 & SB 5209)
 - d. Olympic Community of Health Behavioral Health Report Presentation (Attachment 7.d)
 - e. Entrance of Community Health Plan of Washington (CHPW) on 7/1/21
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BAART	A BayMark health services company, opioid treatment company
BH-ASO	Behavioral Health Administrative Services Organization
CAP	Corrective Action Plan
CHPW	Community Health Plan of Washington
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

March 19, 2021

Action Items

A. REAPPOINTMENT OF ADVISORY BOARD MEMBERS

On December 31, 2020, the terms for Jon Stroup and Janet Nickolaus expired.

- Jon Stroup was initially appointed to the BHO Advisory Board on January 1, 2016 and served to represent Kitsap County for the duration of the SBHO's operations. Mr. Stroup brings a wealth of knowledge and experience related to behavioral health services with a specific focus on youth and young adults. Mr. Stroup remains committed to serving his community and volunteered to continue serving on the SBH-ASO Advisory Board.
- Janet Nickolaus was also initially appointed to the BHO Advisory Board on January 1, 2016 and served to represent Clallam County for the duration of the SBHO's operations. Ms. Nickolaus is a retired Psychiatric ARNP, having worked for 28 years in various settings such as emergency rooms, jails and within the Veteran's Affairs system. Ms. Nickolaus remains committed to serving her community and volunteered to continue serving on the SBH-ASO Advisory Board.

The Advisory Board unanimously recommended that the Executive Board reappoint Jon Stroup and Janet Nickolaus for another 1-year term (1/1/21 – 12/31/21)

B. REQUEST FOR PROPOSAL (RFP) FOR ADDITIONAL BLOCK GRANT ALLOCATION

On January 6th, the Health Care Authority (HCA) convened a brief meeting with BH-ASOs to discuss the potential for additional Block Grant Funding, MHBG and SABG. This was a very preliminary conversation and did not include important details such as when the funds may be dispersed or the amount of funds. However, the HCA has asked BH-ASOs to begin planning for how these funds could be quickly utilized to provide behavioral health treatment and treatment supports.

At this point, it has been suggested that if these funds are appropriated to the HCA, they could possibly be contracted to BH-ASOs as soon as this summer. It is also quite possible that it could take HCA until late fall of 2021 to execute contracts. HCA also indicated that the amount of funds could be as much as BH-ASOs standard annual allocation. This could be as much as 1 million dollars for SBH-ASO.

HCA reports awaiting an award from SAMHSA "any day". Upon receipt of the award letter, HCA has agreed to share funding and timeline details with BH-ASOs promptly. Staff anticipates needing to release an RFP to manage the subcontracting of these additional Block Grant Funds.

During the February 5th Advisory Board Meeting, this information was reviewed. Additionally, staff discussed the Needs Assessment and Community Priorities identified in 2020, as well as SBH-ASO service cuts over the past year. The Advisory Board agreed on RFP funding priorities and an RFP subcommittee was created. The Advisory Board unanimously agreed that the recommendations put forth by the RFP subcommittee would serve as the entire Board's recommendations.

The approved Block Grant funding priorities are:

- Facility-based Crisis Stabilization
- Withdrawal Management Services
- Mental Health Outpatient Treatment
- Substance Use Disorder Outpatient Treatment
- Behavioral Health Recovery Supports and Transportation
- Behavioral Health Training

Staff intends to release the RFP within 30 days of receiving sufficient information from the HCA. Staff is seeking Executive Board approval to initiate subcontracts based upon the Advisory Board RFP Subcommittee's recommendation.

Informational Items

A. UNITED HEALTH CARE CONTRACT UPDATE

At the January 15, 2021, Executive Board Meeting, staff presented a preliminary 6-month Medicaid budget. This was necessary due to protracted 2021 contract amendment negotiations with United Health Care (UHC). Throughout MCO negotiations, staff has requested the same compensation and terms from all IMC MCOs to equitably support the Regional Crisis System, Behavioral Health Ombuds, and Salish BH-ASO Administration expenses. Staff reached out to UHC Leadership in late January and ultimately HCA Leadership to assist with resolving a negotiating stalemate. On February 19th, UHC returned to virtual negotiating table and agreed to the terms that Salish initially requested in September 2020.

Upon completing negotiations with UHC, staff promptly began amending Medicaid Crisis Subcontracts to ensure the Regional Crisis System is adequately funded. All Medicaid Crisis Subcontracts, except, Volunteers of America's, will be amended retroactive to 10/1/20. VOA's amendment will be effective 1/1/21.

B. MCO RECONCILIATION UPDATE

After lengthy discussions, both UHC and Amerigroup have agreed to forgo semi-annual reconciliation for calendar year 2020, even though the term remains in Salish's contract. This commitment has been provided in writing from both MCOs. Salish has begun the process of semi-annual reconciliation with Molina for January-June 2020.

For 2021, both UHC and Amerigroup agreed to removing the term of semi-annual reconciliation from their contract with Salish. The term of reconciliation remains in Salish's contract with Molina. However, with now having details of Molina's methodology, Salish has sufficient information to maintain proper crisis system funding without concerns of later having to repay funds already paid out to crisis subcontractors.

C. LEGISLATIVE UPDATE ON “988” Bill (2SHB 1477 & SB 5209)

In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 which changes the national suicide prevention hotline number and Veterans crisis line number from 1-800-273-8255, to 9-8-8.

This change will go fully into effect on July 16, 2022. The ease of remembering the 9-8-8 number made this a welcome change across the U.S. This legislation passed by Congress permits states to add a tax to telecom bills to pay for expected increase in call volume associated with the change to 9-8-8. 9-8-8 calls can only be routed to call centers accredited by the National Suicide Prevention Lifeline (NSPL).

In January 2021, BH-ASOs learned of a HB 1182 & SB 5209 which seek to outline a plan for Washington State to implement the 9-8-8 change. The House Bill has subsequently been renumbered and is 2SHB 1477. Staff will review the apparent goals that 2SHB 1477 seeks to achieve as well as concerns shared by all BH-ASOs related to the structure of the bill and its implementation.

D. OLYMPIC COMMUNITY OF HEALTH BEHAVIORAL HEALTH REPORT PRESENTATION

Last Fall, the OCH volunteered to take the lead on creating a regional behavioral health report. The report aimed to:

- Provide an overview of the makeup of the Olympic Region and unique factors impacting behavioral health.
- Offer a current snapshot of the Olympic Region’s behavioral health prevalence.
- Outline current gaps and challenges faced by the Olympic Region.
- Describe actions the region has taken to support behavioral health needs and highlight creative approaches.
- Pinpoint specific opportunities and recommendations for future behavioral health support.

This report is a step towards better understanding the health of Clallam, Jefferson, and Kitsap Counties, and the sovereign Tribal nations within the region. Many collaborative and innovative projects are in the works across the region. There is much to gain from past and current successes, efforts, and partnerships. Supporting behavioral health needs is a large task to tackle, and together we can foster a region of healthy people and thriving communities.

Mel Melmed, Program Coordination with the Olympic Community of Health, will provide a brief presentation on the Behavioral Report which was released in February 2021.

E. ENTRANCE OF COMMUNITY HEALTH PLAN OF WASHINGTON (CHPW) ON 7/1/21

At the end of January, the HCA reached out to Salish Staff to share information about their Leadership’s on-going conversations about allowing the Managed Care Organization, Community Health Plan of Washington (CHPW), to enter Salish region on 7/1/21. On January 29, 2021, Jason McGill, Assistant Director of HCA, attended the Salish IMC Leadership Forum to make this announcement and seek behavioral health provider feedback. On February 1, 2021, HCA initiated the readiness review process with CHPW for a 7/1/21 entrance into Salish Region. In February, Salish Staff began contract negotiations with CHPW and on March 3rd, CHPW and Salish agreed upon terms for a 7/1/21 contract, should CHPW be approved to enter the region.

CHPW Staff will join the Executive Board Meeting and provide an overview of Community Health Plan of Washington and their plan to return to Salish region for Apple Health Integrated Managed Care July 2021.

CHPW Attendees:

- Erin Hafer, VP Delivery & Health System Innovation and Community Partnerships
- Connie Mom-Chhing, Director of Integrated Managed Care
- Natalie Christopherson, Tribal Liaison

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

**Friday, January 15, 2021
9:00 a.m. - 11:00 a.m.
VIRTUAL ONLY: ZOOM Virtual Platform**

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

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – .

- Commissioner Ozias offered tremendous gratitude to the generosity and flexibility from the Jamestown Tribe for sharing COVID-19 vaccinations.
- SBH-ASO Fiscal Analyst, Mavis Beach, will be retiring from SBH-ASO have 35 years of working within various Kitsap County Departments including the RSN, SBHO and now SBH_ASO. April 6, 2021 is the last in person workday.
- Thank you for the case example provided by Stephanie Lewis and Jolene Kron for the Ruckelshaus Facilitated Communications Workgroup.

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

APPROVAL of AGENDA – Commissioner Mark Ozias

Commissioner Greg Brotherton commented that the language in the SBH-ASO EB Packet references to the minutes as notes and inquired as to the change. Discussed that it was supposed to indicate minutes rather than notes.

MOTION: Request Approval of the Agenda. Commissioner Rob Gelder moved to approve the agenda as submitted. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Tribal Representative Theresa Lehman moved to approve the meeting notes as submitted for the November 20, 2020 meeting. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

ACTION ITEMS

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

The SBH-ASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair, Vice-Chair, a Second Vice-Chair and a Third Vice-Chair by majority vote. In 2020, Commissioner Ozias served as Chair, Commissioner Brotherton served as Vice-Chair, and Commissioner Gelder served as Second Vice-Chair. At the time of Officer Elections, there was not a sufficient number of voting Board Members to elect a Third Vice-Chair.

Staff respectfully requests that the Executive Board Elect Chair, Vice-Chair, Second-Vice Chair and Third-Vice Chair for 2021.

Commissioner Greg Brotherton nominated himself as Chair. Commissioner Robert Gelder nominated himself as Vice Chair. Tribal Representative Theresa Lehman nominated herself as Second-Vice Chair. Mark Ozias nominated himself as third-vice chair.

Commissioner Robert Gelder took a moment to appreciate the time and effort from Commissioner Ozias as being SBH-ASO Executive Board Chair for the last few years. Commissioner Greg Brotherton appreciated the example that Commissioner Mark Ozias has set as Chair of this board. Tribal Representative Theresa Lehman appreciated the time Commissioner Mark Ozias took to introduce her to this board and all of his effort.

Commissioner Mark Ozias expressed appreciation to Stephanie Lewis and acknowledged the SBH-ASO team.

Inquiry regarding the necessity for 3-vice chairs as there is no quorum and ability to vote if 1 member is not present. The interlocal agreement includes these requirements. The Interlocal Agreement will need to be updated later in 2021 and presents an opportunity to review and make changes to the requirement for 3-vice chairs for the SBH-ASO Executive Board.

➤ **MOTION: Commissioner Greg Brotherton moved to approve Election of SBH-ASO Executive Board Chair and Vice-Chairs. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.**

➤ **2021 SBH-ASO BUDGET**

Due to significant delays in receiving both non-Medicaid (HCA) and Medicaid (MCOs) revenue contracts, a 2021 Budget could not be presented to the Executive Board prior to the January Meeting.

- *Calendar Year 2021 Non-Medicaid Budget*

A summary of non-Medicaid revenues is attached for review. This includes revenue allocated within Salish's main contract with HCA. This attachment also reflects revenue from 2 additional HCA contracts, HARPs and Emergency COVID Grant, and revenue from a contract with Commerce for long-term housing subsidies.

A summary of non-Medicaid expenditures is attached for review. The "comments" column identifies notable changes from the previous year's approved budget.

Staff will provide additional details surrounding the proposed non-Medicaid budget and seeks the Board's approval.

Reviewed 6.b.1 attachment, SBH-ASO Non-Medicaid Revenue – Calendar Year 2021.

Board Inquired about the Long-term Civil Commitment line item and Staff indicated it is in reference to the court expenses for the long-term civil commitments. Behavioral Health Advisory Board is to support the activities of the BHAB, such as travel or attend trainings, for the calendar year. In addition, helps to pay for the support to the BHAB, such as SBH-ASO staff.

Reviewed the 6.b.2 attachment, Summary of Non-Medicaid Expenditures – January 1 to December 31, 2021.

Discussed ITA bed numbers and costs. There is a reduction in beds due to the pandemic and increasing of safety and spacing of beds. March to September 2020 we noted a significant increase in individual detained and those individuals without Medicaid. If there

are not beds in Community Psychiatric Inpatient Hospitals or Evaluation and Treatment Centers, the hospitals utilize Single Bed Certifications incurs an expense and community hospitals are trying to manage this process.

MOTION: Tribal Representative Theresa Lehman moved to approve Calendar Year 2021 Non-Medicaid Budget. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

- *January – June 2021 Draft Medicaid Budget*

Staff has included a draft Medicaid budget for the first 6 months of 2021. A draft budget is being proposed as negotiations with one MCO, United Healthcare, are still on-going. Therefore, Medicaid compensation for calendar year 2021 has not been finalized. Additionally, SBH-ASO only agreed to a 6-month contract extension with Molina.

Staff will provide additional details surrounding the draft Medicaid budget. Staff seeks the Board's approval of this draft budget, and to allow for up to a 5% variance in revenue without additional action being required from this Board. Any variance within 5% will be brought forth to the Board as an informational item.

Reviewed 6.b.3 attachment, Estimated** Medicaid Revenue: January – June 2021, and spoke to the reason why it is currently "estimated" as negotiations are currently outstanding with one of the Managed Care Organizations (MCO's).

Discussion of waiting until negotiations have concluded and determined that the current budget estimations do support moving forward. With the approval of the draft Medicaid Budget, staff will then proceed with amending the Medicaid crisis contracts.

MOTION: Commissioner Mark Ozias moved to approve January – June 2021 Draft Medicaid Budget and include the 5% variance. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

➤ **2020/2021 SBH-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. The draft Risk Assessment was reviewed by the SBH-ASO Quality and Compliance Committee on December 8, 2020 and opportunity for subcontractor feedback was provided.

For the 2020/2021 Risk Assessment, the top 3 identified risks include:

- Implementation of Teleworking in response to COVID-19 safety guidance as there are increased risks related to privacy and security.
- Electronic Health Record/Data Platform changes create potential risk of data submission delays and can inhibit oversight.
- Policy and Procedure accuracy – the pace of change and frequent contract changes have resulted in a challenge to timely updates of SBH-ASO policies and procedures.

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

Clarification of reduced risk working remotely, specifically the VPN, and that Kitsap County IS Department is overseeing and notifying of any risks or recommendations.

Discussion of including within the Risk Assessment document, the risk of untimely response and coordination of (revenue) contracts, budgets and funding from some contracted providers.

MOTION: Commissioner Mark Ozias moved to approve 2020/2021 SBH-ASO Risk Assessment. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

➤ **POLICES AND PROCEDURES FOR APPROVAL**

Changes in either July 1, 2020 or January 1, 2021 HCA/BHASO Contract, necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

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

AD100 – Definitions

AD104 – Credentialing

CL203- Levels of Care

CL206- State Hospital Care Coordination

CL207- Jail Transition Services

CP304- Code of Conduct

CP304a- Code of Conduct Attestation

UM801- Utilization Management Requirements

UM804- Access to Withdrawal Management SUD Services

UM809- Access to Residential Substance Use Disorder Treatment Services

UM810- Criminal Justice Treatment Account (CJTA)

PS903a- Privacy and Security Policies Maintenance Plan

In an effort to develop a more sustainable workflow for updating Policies and Procedures, SBH-ASO Staff plan to reduce updates to its Policy and Procedure Manual to twice a year, January and July.

Noted on page 65, table missing the letter "I" in individuals.

MOTION: Commissioner Mark Ozias moved to approve Policies and Procedures for Approval with noted change. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **MCO RECONCILIATION**

During the September and November Executive Board Meeting, staff shared information regarding the challenges surrounding the MCO contract requirement of semi-annual reconciliation.

This process of MCO reconciliation involves the comparison each MCO's Medicaid Members' utilization of crisis services to the overall cost of SBH-ASO Crisis System. MCO's utilize this process to determine what they believe to be their portion of Crisis System financial responsibility. However, the utilization of crisis services, as a stand-alone measure, does not reflect that actual cost of the "Medicaid portion" of the crisis system. Through this reconciliation process, MCOs have recouped millions of Medicaid dollars from BH-ASOs and the crisis system in Washington State.

Up until July 1, 2020, HCA contracts with MCOs included the requirement for MCOs to engage BH-ASOs in semi-annual reconciliation. However, after several lengthy conversations between BH-ASO Leadership and HCA, the HCA agreed to remove this requirement from MCO's IMC contracts. However, this term remains in some contracts between the MCOs and SBH-ASO.

Since the November Executive Board Meeting, staff has obtained additional information from both MCOs and other BH-ASOs about the reconciliation process.

Other BH-ASOs have reported that Molina Healthcare is the only MCO reaching out to initiate reconciliation, not United Healthcare or Amerigroup. This has also been SBH-ASO's experience for its first semi-annual reconciliation. If Molina is the only MCO that follows through with reconciliation, the financial impact is 50% less impactful.

Additionally, Molina reported that any funds recouped from SBH-ASO must be redistributed to behavioral health providers within the Salish region that have sub-capitated contracts with Molina. If this is true, then these Medicaid funds are remaining within the region. If these recouped Medicaid funds are redistributed to local behavioral health providers, then the only financial loss to SBH-ASO is the small amount of administrative allowance that previously accompanied those Medicaid funds.

Staff will discuss this situation in greater detail. No action is required at this time as the decision about whether to participate in reconciliation for July-December 2020 does not need to be made until at least March 2021.

Lastly, with the Board's approval of the Medicaid Draft budget, staff intends to amend Medicaid Crisis Subcontracts to reduce the impact of reconciliation beginning 1/1/21.

Board Comment regarding a few Kitsap county providers signing contracts with CHPW. Staff noted no communication from HCA to support the introduction of another IMC MCO this year and will reach out to HCA to follow-up.

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

In 2020, Advisory Board Meetings were held in February, June and October with the final meeting being held in December. Meetings are scheduled quarterly in 2021. A joint Advisory and Executive Board is proposed for the month of September 2021. The Advisory Board greatly appreciate the opportunity for a joint meeting in November 2019.

BHAB Chair, Lois Hoell or Staff will provide an update.

No SBH-ASO BHAB member was present. Stephanie provided the update. SBH-ASO BH AB discussed appreciation for a joint meeting in 2019. Suggested to ensure that there is a purpose and goal to that joint meeting.

PUBLIC COMMENT

- Celeste Schoenthaler shared three updates:
 - OCH in Salish region received a 245,000 donation that they have initially determined to use the money towards reducing Stigma. The donation is from the Cambia Health to help provide support specifically for rural mental health and substance disorder treatment: <https://www.cambiahealth.com/news-and-stories/news-releases/cambia-health-solutions-commits-115-million-address-mental-health>.
 - 1-Hope-Centered & Trauma Informed: Using Science to Improve Outcomes Training on February 9, 2021 via Zoom. Open to anyone in the Olympic Region, Trainings: <https://www.olympicch.org/upcoming-events>
 - Celeste participated in conversations this week with OCH and DOH that there is a movement to align communities based on health systems for COVID-19 response. There are some thoughts that there is more alignment between Kitsap and Mason, than with Clallam and Jefferson. Community comments have been to not include Mason due to their higher rates.
- Board discussion about the legislative proposal to regionalize of Public Health.
 - Lori Fleming was glad to hear the conversation regarding a coordinated and proactive approach to COVID-19.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 10:46 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	G'Nell Ashley, Reflections Administrator
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Lori Fleming, Jeff Co. CHIP
Commissioner Robert Gelder	Doug Washburn, Kitsap County Department of Human Services Director	
Theresa Lehman, Tribal Representative	Ileea Clauson, SBH-ASO Staff	
Celeste Schoenthaler, OCH Executive Director	Martiann Lewis, SBH-ASO Staff	
None Excused.		

NOTE: These meeting notes are not verbatim.

THE OLYMPIC REGION

BEHAVIORAL HEALTH REPORT

CLALLAM | JEFFERSON | KITSAP

FEBRUARY 2021



Olympic
COMMUNITY *of* HEALTH

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Acknowledgements

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This report would not be possible without the input and support of regional partners. Olympic Community of Health expresses gratitude to the many who provided guidance and expertise throughout the report's research and creation process.

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Administrative Services Organization

Tanya MacNeal, West End Outreach Services

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Executive Summary

Behavioral health is an area of high importance and needed support in the Olympic region and across Washington State. Compared with other states, Washington State has a higher prevalence of behavioral health conditions and lower rates of access to care. The Olympic region faces many behavioral health challenges including barriers to transportation, broadband and technology, rural care, workforce, and access to recovery services. The region also has the benefit of caring, dedicated, and talented partners addressing both long-standing and current behavioral health needs.

This report is a step towards better understanding the health of Clallam, Jefferson, and Kitsap Counties, and the sovereign Tribal nations within the region. Many collaborative and innovative projects are in the works across the region. There is much to gain from past and current successes, efforts, and partnerships. Supporting behavioral health needs is a large task to tackle, and together we can foster a region of healthy people and thriving communities.

There are many opportunities for legislators, policy makers, health care providers, community-based organizations, social service agencies, Tribal health centers, and communities to prioritize behavioral health. Olympic Community of Health (OCH) proposes recommendations based off report findings and discussions with community and behavioral health partners. Recommendations include (*see all recommendations on page 23*):

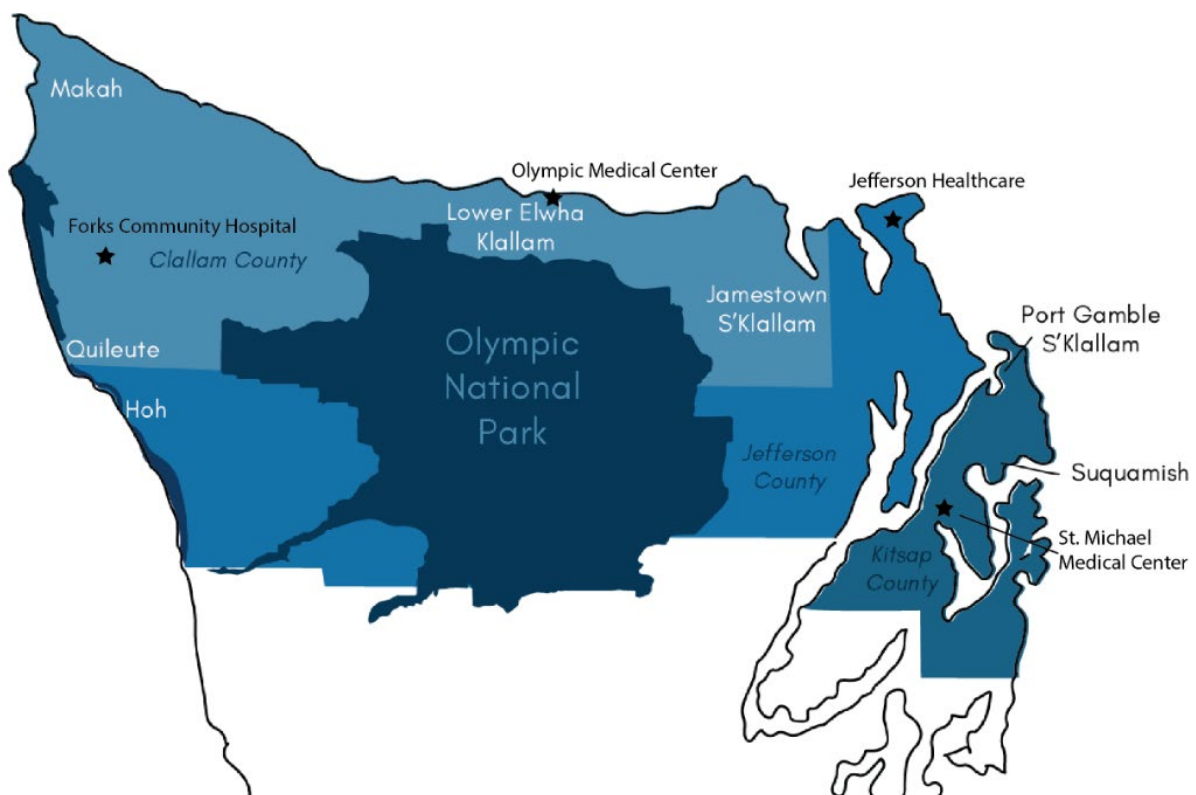
- ◆ Advocate for behavioral health reimbursement rates that are based on actual costs and salaries.
- ◆ Provide advocacy to increase salaries for behavioral health providers commensurate with their education, training, and the cost-saving benefit their services provide.
- ◆ Prioritize innovative and creative transportation solutions to improve access to care across the region.

This report aims to:

1. Provide an overview of the makeup of the Olympic region and unique factors impacting behavioral health.
2. Offer a current snapshot of the Olympic region's behavioral health prevalence.
3. Outline current gaps and challenges faced by the Olympic region.
4. Describe actions the region has taken to support behavioral health needs and highlight creative approaches.
5. Pinpoint specific opportunities and recommendations for future behavioral health support.

Introduction

OCH is an Accountable Community of Health (ACH) in Washington State that serves the Olympic region. OCH brings together partners from a variety of sectors and Tribes to tackle health issues no single sector or Tribe can tackle alone. ACHs are an integral part of the Washington's Medicaid transformation efforts, working to cost, experience, and quality of health care for community members enrolled in Medicaid (officially known as Apple Health in Washington State). Behavioral health is an area of high importance and needed support in the Olympic region. This report provides a summary of the current behavioral health challenges, successes, and opportunities within the Medicaid population of the Olympic region, in hopes that it will guide future decision making and regional next steps. OCH acknowledges that this is not a comprehensive report as it does not capture every aspect that impacts behavioral health in the Olympic region. This report is a step towards better understanding the health of the three-county region. Supporting behavioral health needs is a large task to tackle, and together we can foster a region of healthy people and thriving communities.



Overview: The Olympic Region

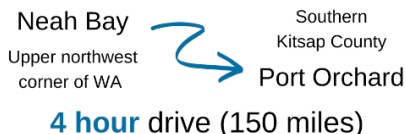
The Olympic region spans Clallam, Jefferson, and Kitsap Counties and includes the seven sovereign nations of the Hoh, Jamestown S'Klallam, Lower Elwha Klallam, Makah, Port Gamble S'Klallam, Quileute, and Suquamish Tribes.

Clallam and Jefferson counties comprise the largely rural Olympic Peninsula. Port Angeles, the largest city and the seat of Clallam County, has a population of just over 20,000. Forks is the largest town and health care access point on the west end with a population of approximately 3,680 and one critical access hospital ¹. It is approximately a 1-hour journey by car to travel the 24 miles from the Hoh Reservation to the closest health care access point.

Port Townsend, with a population under 10,000, is the seat of Jefferson County ². It is the city and home to the only hospital in the county. It is approximately 38 miles and takes a little less than 1 hour to travel from Brinnon in

southern Jefferson County to Port Townsend. Public transportation is severely limited throughout most of the Olympic Peninsula and many locations are only accessible by use of private vehicle.

Traveling across the region



The Olympic Peninsula is home to the beautiful Olympic National Park. No through access is available in the National Park, elongating travel times around the region. Access from the Olympic Peninsula to Kitsap County is most commonly and conveniently made via the Hood Canal Floating Bridge, which closes daily due to leisure, commercial, and military marine traffic as well as unfavorable weather conditions.

Kitsap County is more suburban with a population of 272,200 and several city centers, in addition to the rural outreaches of Olalla, Seabeck, and Hansville.³ Kitsap County’s commuting population has steadily increased as access to Seattle becomes more convenient through a 30 minute fast-ferry ride. In recent years, public transportation has grown, including the use of some ride-share services. However, these options are still limited compared to larger cities and the most common and convenient transportation is use of private vehicle.

The Olympic region houses four hospitals, one each in Jefferson and Kitsap Counties, and two in Clallam County. Two of the hospitals, Forks Community Hospital (Clallam) and Jefferson Healthcare (Jefferson) are designated as critical access, a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS). It is designed to reduce the financial vulnerability of rural hospitals and improve access to health care by keeping essential services available in rural communities.⁴ For severe acute health care services, travel out of the region is often necessary. It is common for individuals to be referred and receive specialty care in Kitsap, Pierce, and King Counties. The Olympic region also has two Federally Qualified Health Centers (FQHC), one in Port Angeles (North Olympic Healthcare Network) and the other (Peninsula Community Health Services) with locations in the major city centers of Kitsap County as well as mobile behavioral health clinic services.

Olympic Region Demographics

The Olympic region has a significantly older population when compared to the state average. This trend is important to note, as it effects region-wide service needs. Regionally, 25% of the population is enrolled in Medicare and approximately 20% are enrolled in Medicaid.⁵

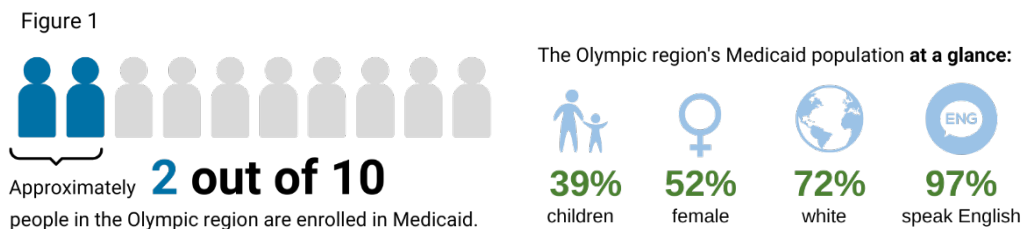


Figure 1 source: Washington Healthcare Authority (2020)⁶

Figure 2

	Clallam	Jefferson	Kitsap	WA State
65+ years old	30.0%	38.0%	22.0%	16.0%
Median income	\$49,913	\$54,471	\$71,610	\$70,116
Education (four-year college graduation rate)	26.1%	41.8%	32.2%	35.5%

Figure 2 sources: U.S. Census Bureau (2020)⁷ and Washington State Office of Financial Management (2019)⁸

Tribal Partners and Indian Health Care Providers

OCH is honored to partner with the seven sovereign Tribal nations in the Olympic region: Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, and Suquamish Tribes. Of the seven Tribes, six are Indian Health Care Providers (IHCPs). Each Tribe provides a range of services for their community including culturally relevant behavioral health prevention and wellness programs.

Travel can be a major obstacle for services not provided by the Tribes including urgent and critical care. It takes over an hour to travel from the Makah reservation to the nearest hospital in Forks and nearly two hours to reach Port Angeles for specialty referrals and Level III trauma care. It is common for Tribal members to travel to Bremerton and Seattle, four to five hours one-way by private vehicle from Quileute, Hoh, or Makah to access specialty care.

Military


The Olympic region has a robust military and substantial veteran presence. Kitsap County is home to the large Naval Base Kitsap, the host command for the Pacific Northwest Navy fleet, as well as the Puget Sound Naval Shipyard and Intermediate Maintenance Facility, the Pacific Northwest’s largest Naval shore facility and one of Washington state’s largest industrial installations. Jefferson county is home to Naval Magazine Indian Island, one of the largest munitions depots and ordnance storage sites. The Coast Guard has a presence in all three counties as well.

A large military presence is naturally reflected by a transient population, with frequent deployments and transfers. The military internally hosts comprehensive medical and social services, with most members and dependents receiving care at military facilities. However, emergency services are accessed through regional hospitals and emergency departments. Additionally, for a variety of reasons, some military members and dependents choose to seek health care and social services from community providers rather than military providers.

Veterans account for 16.8% of the total adult population in Kitsap County and for 15% and 15.7% in Clallam and Jefferson Counties, respectively.⁹ Two Veterans Administration (VA) clinics serve eligible veterans in our region: the North Olympic Peninsula Community Based VA Clinic in Port Angeles (Clallam County) and the Silverdale VA Clinic (Kitsap County). Eligible veterans may apply with the VA to receive care from a local community provider who is part of the VA’s network.¹⁰

Behavioral Health: A Current Snapshot

With the makeup of the Olympic region in mind, we can dive a bit deeper into the current behavioral health trends. Mental health and substance use disorders (SUDs) are collectively referred to as behavioral health disorders.



Mental health and substance use disorders are among the top reasons for emergency department visits and hospital inpatient stays.

Adults with behavioral health disorders are less likely to care for their chronic medical conditions and more likely to experience worse outcomes of co-occurring chronic diseases compared with patients without behavioral health disorders.¹¹ They are also more likely to have frequent emergency department (ED) visits.

Nationally, use of the ED for mental health visits has been increasing. A report by the Agency for Healthcare Research and Quality found that the number of ED visits related to behavioral health disorders increased more than 44 percent between 2006 and 2014, with suicidal ideation visits growing by nearly 415 percent.¹² Similarly, behavioral health is among the top reasons for hospital inpatient stays among adults 18-44 years of age.¹³

Meeting community behavioral health needs is a long-standing priority for the Olympic region. Behavioral health progress is evident in myriad creative strategies that have been implemented in the Olympic region, including:

- ◆ **Kitsap**
Peninsula Community Health Services' community health workers are innovatively partnering with local organizations including the county jail, Salvation Army, and WorkSource to better understand and provide for community needs.
- ◆ **Clallam**
The Port Angeles Fire Department implemented a community-paramedicine program which partners with agencies including Peninsula Behavioral Health and Olympic Peninsula Community Clinic ("the free clinic") to connect clients who are frequent emergency department users with the services they need. The result is a 50% reduction in emergency department visits among individuals assisted by the community paramedic.
- ◆ **Jefferson**
The Sheriff's department has secured funding to hire a navigator who will assist individuals with unmet behavioral health needs to access services and care.
- ◆ **Community-based interventions** to support well-being and prevent behavioral health problems are evident in the work of Kitsap Strong and the Clallam Resiliency Project. These non-profits work towards upstream solutions, providing education on N.E.A.R. Science (Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience) and trauma-informed practices for health care providers, schools, faith-based organizations, and other community groups.

A current behavioral health focus is integration of services. Integration can be achieved through a variety of approaches. One approach is to increase the range of services a practice offers. For instance, for primary care practices to onboard behavioral health staff, and vice-versa. Another effective option is to create closer collaboration and referral networks between and among organizations. Examples of strategies to achieve integration of services includes hiring clinical social workers to facilitate care connection for complex medical patients, creating multiagency care coordination teams such as Clallam Care Connection (see page 23), and using telehealth services to provide psychiatric evaluations, behavioral health therapy, and medication management. Behavioral health practices face unique challenges when it comes to integrating physical health, largely due to reimbursement barriers.

Across the region, behavioral health and physical health providers have made substantial progress in collaborating. Notably, the Three-county Coordinated Opioid Response Project (3CCORP) provides collaboration opportunities for behavioral health and physical health partners to align strategies and goals around opioid use disorder.

COVID-19

The impact of COVID-19 has greatly exacerbated mental health needs and the ability of organizations to meet those needs.¹⁴ Behavioral health providers described losing clients during the rapid closing of services in March 2020 as Washington's "Stay Home, Stay Healthy" COVID-19 order was instituted. Inpatient and outpatient practices abruptly limited or halted in-person treatment while scrambling to implement distancing and sanitation protocols and to develop telehealth capacity including securing equipment, writing telehealth policies, and teaching staff and clients how to use the equipment and digital platforms (such as Zoom and Doxy.me). At practices which continued seeing patients in person, employees navigated fear of COVID-19 exposure as they initiated new safety protocols such as wearing a mask and other personal

The impact of COVID-19 has greatly exacerbated mental health needs and the ability of organizations to meet those needs.

protective equipment (PPE), all while responding to personal and family needs as schools and workplaces were closed. ¹⁵ Initially, Medicaid and Medicare reimbursement restrictions on telehealth and audio-only telehealth prevented behavioral health providers from being able to use remote modalities while staying financially afloat. Reimbursement policy changes at the federal and state level enabled behavioral health practices to provide remote services for their clients during the pandemic. ¹⁶

While some behavioral health clients successfully transitioned to remote care, not all clients are able to access remote services due to technological capacity, such as limited broadband access, and personal comfort level using digital platforms such as Zoom. Washington State Health Care Authority supported access to telehealth by providing Zoom licenses for behavioral health providers and loaning cell phones and laptops to Medicaid clients. They also worked with managed care organizations (MCOs) to ensure rapid resolution of denied telehealth payments as new billing codes were implemented. These actions were a lifeline for cash-strapped behavioral health providers and their clients.

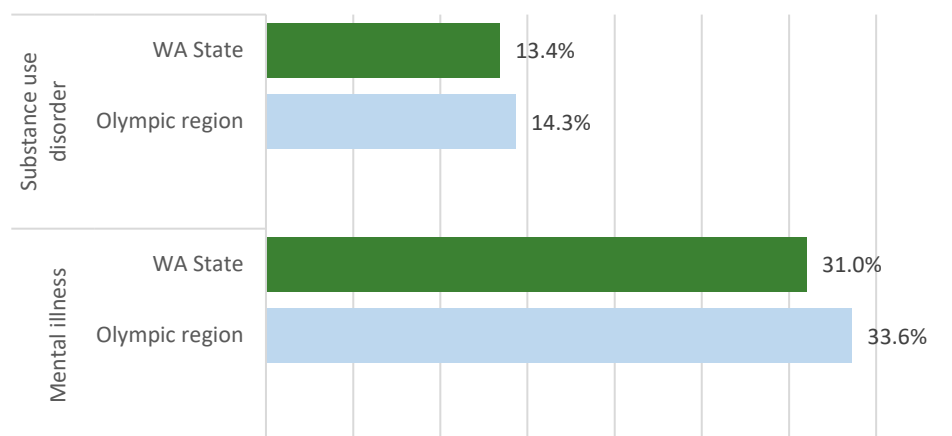
Prevalence of Behavioral Health Conditions

The prevalence of behavioral health conditions in the three-county region is defined as the proportion of the Olympic region's population who experiences behavioral health conditions in a given time period (including both mental health conditions and substance-use disorder). By diving into the prevalence of adult mental health, youth mental health, emergency utilization, self-inflicted harm, and treatment penetration, a broader picture of the regional behavioral health needs emerges.

Compared with other states, Washington State has a higher prevalence of behavioral health conditions and lower rates of access to care, ranking 37th (out of 51 states) for adults and 35th for youth in 2021. ¹⁷ The 2021 rankings reflect substantial improvement over 2020 when Washington State ranked 45th (out of 51) for adults and 43rd for youth on higher prevalence and lower rate of access. ¹⁸

The prevalence of mental illness and substance use disorder among Medicaid enrolled adults between the ages of 18 and 64 in the Olympic region is higher than the statewide prevalence (Figure 3).

Figure 3: Prevalence of any mental illness and substance use disorder among adults 18-64 years of age and older on Medicaid (2019)

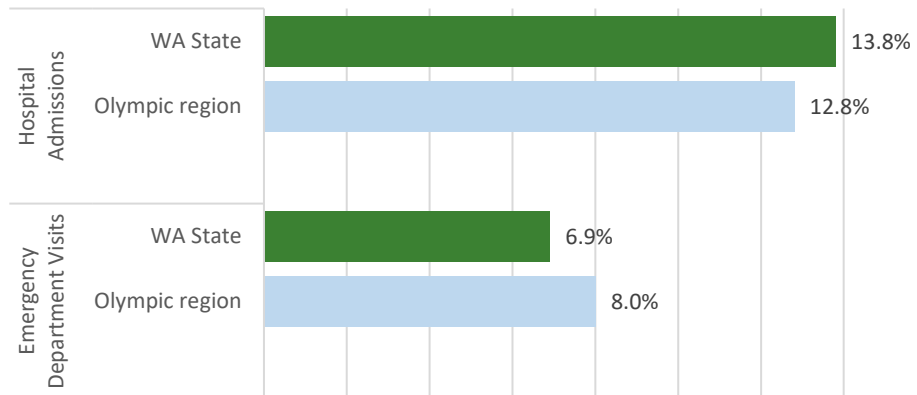


Source: Washington State Healthcare Authority (2020) ¹⁹

Emergency Department and Hospital Inpatient Behavioral Health Needs

In 2019, Medicaid enrollees within the Olympic region demonstrated a lower percentage of hospital inpatient admissions among behavioral health related diagnoses compared to Washington state, accounting for 13.8% of hospital admissions in the region. In contrast, Medicaid enrollees in the Olympic region utilized the emergency department for behavioral health related needs at a higher rate compared to Washington State (Figure 4).

Figure 4: Medicaid enrollee ED utilization with behavioral health diagnosis, all ages (2019)



Source: Washington State Healthcare Authority (2020) ²⁰

Suicide and Self-Inflicted Injury

In 2020, the Olympic region experienced 735 emergency department (ED) visits related to suicide and self-inflicted injury. Kitsap County accounted for 70% of those visits (Figure 5), followed by Clallam County with 23%, and Jefferson County with 7%. Clallam County experienced the highest incidence rate of suicide and self-inflicted injury visits to the emergency department in the region with 221 visits per 100,000 residents (Figure 6) in 2020. These visits included any individual that presented in an ED in the Olympic region for suicide and self-inflicted injury regardless of insurance status and geographic area of residence.

Figure 5: Percentage of ED visits by County for suicide or self-inflicted injury in the Olympic region (2020)

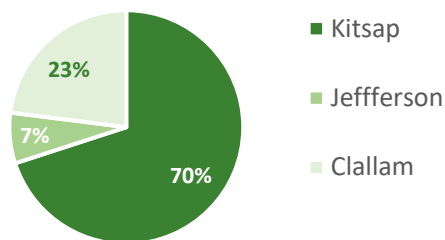
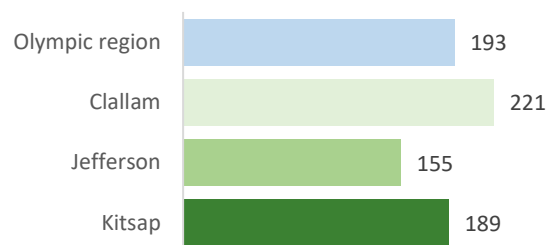


Figure 6: Incidence Rate of Suicide and Self-Inflicted Injury Visits to the Emergency Department per 100,000 Residents by County (2020)

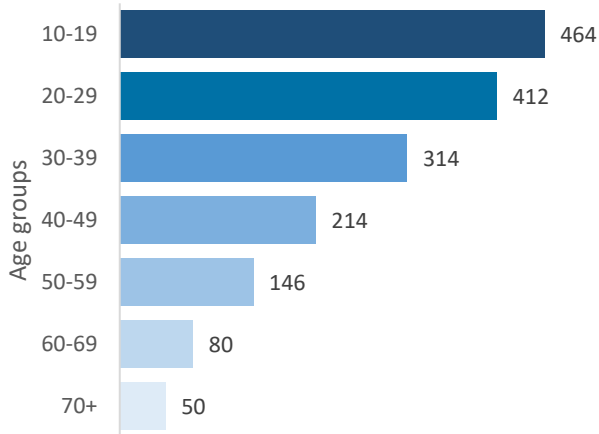


Figures 5 and 6 source: National Syndromic Surveillance Program (2020) ²¹

By Age

Of ED visits related to suicide and self-inflicted injuries across the three-county region, 51% were under the age of 29. The average rate across all age groups during this time period was 193 visits per 100,000 residents in 2020. The rate of visits for children under the age of nine were suppressed due to small numbers. Rates for individuals between 10 and 29 years of age were over two times the average rate across all age groups (Figure 7).

Figure 7: Incidence rate of suicide and self-inflicted ED visits per 100,000 by age group in the Olympic region (2020)

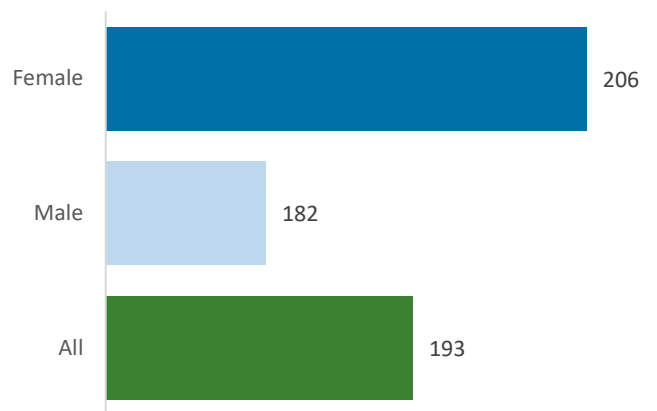


Note: Rate for ages 0-9 suppressed due to low number of visits

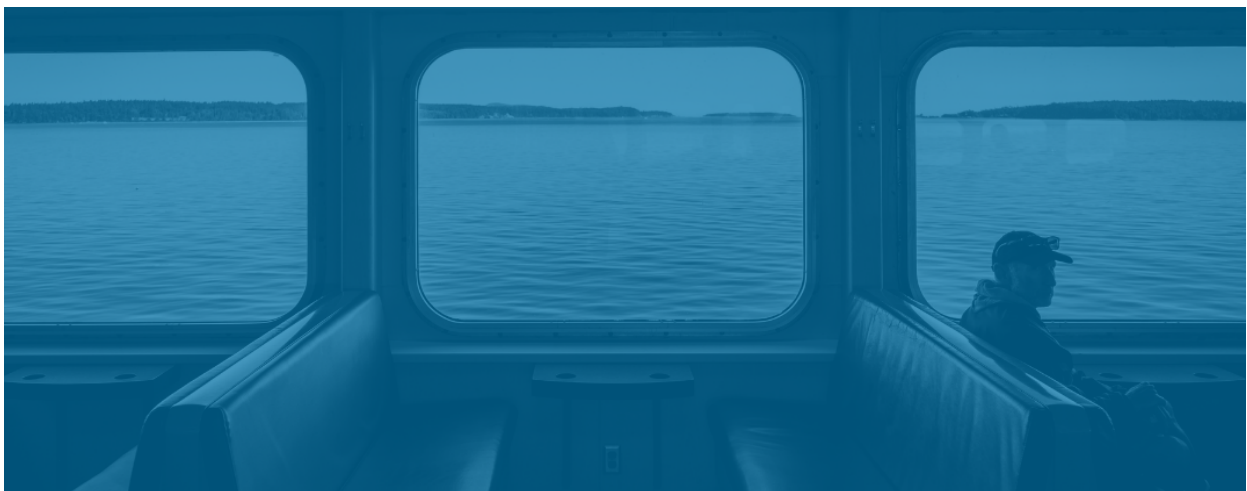
By Gender

In the Olympic region, females accounted for 53% of ED visits related to suicide and self-inflicted injuries, while males accounted for 47%. Females visited the ED at a rate higher than average for the region at 206 visits per 100,000. (Figure 8).

Figure 8: Incidence Rate of Suicide and Self-Inflicted injury ED visits per 100,000 by Gender in the Olympic Region (2020)



Figures 7 and 8 source: National Syndromic Surveillance Program (2020) ²²



Behavioral Health Treatment

Mental Health Treatment Penetration

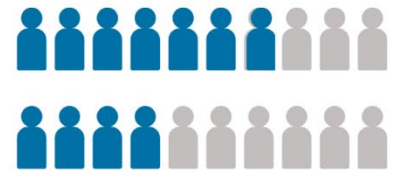
In the Olympic region, only 53% of adult Medicaid enrollees (age 18-64) and 66% of youth Medicaid enrollees (age 6-17) with a mental health service need identified within the past two years received at least one qualifying service during 2019. While these numbers are not substantially different than the state’s mental health treatment penetration rate, there is room for improvement. ²³

Approximately **1 in 2** adults on Medicaid (in the Olympic region) received the **mental health care** they needed.



Approximately **7 out of 10** youth on Medicaid (in the Olympic region) received the **mental health care** they needed.

Approximately **4 out of 10** youth on Medicaid (in the Olympic region) received the **SUD treatment** they needed.



Substance Use Disorder (SUD) Treatment Penetration

In the Olympic region, 46% of adult Medicaid enrollees (age 18-64) with a SUD treatment need identified within the past two years received at least one qualifying service during 2019. Among youth Medicaid beneficiaries (age 12-17), 35% received at least one qualifying treatment. SUD treatment penetration among adults varies by county. Clallam County has strongest treatment penetration at 46%, followed by Jefferson County at 35% and Kitsap County at 31% ²⁴

Opioid Use Disorder (OUD) Treatment Penetration

In the Olympic region, 52.7% of adult Medicaid enrollees (18-64) with an OUD treatment need identified within the past two years received medication-assisted treatment (MAT) or medication-only treatment for opioid use disorder during 2019. This compares with state OUD treatment penetration rate of 58.6%. This reflects an improvement over time from 34.8% measured in 2017. ²⁵

Approximately **1 in 2** adults on Medicaid (in the Olympic region) received the **OUD treatment** they needed.

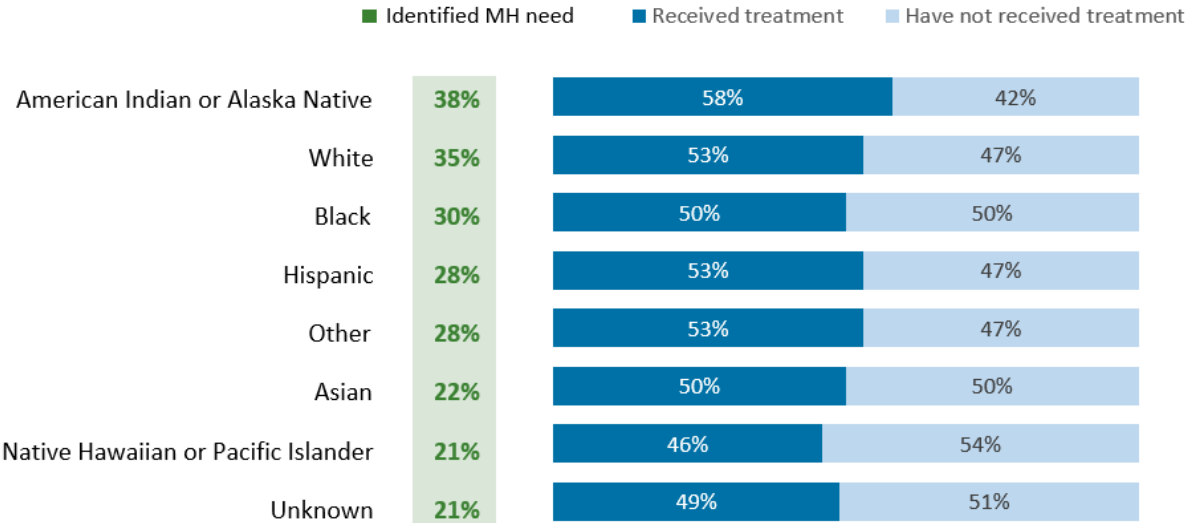


Behavioral Health Need and Rate of Treatment by Race & Ethnicity

Behavioral health needs vary by race and ethnicity in the Olympic region. Among Medicaid enrollees (ages 18-64), 38% of American Indian/Alaska Native (AI/AN) have an identified mental health need compared with 21% of Native Hawaiian or Pacific Islander. Treatment rate disparities exist between races and ethnicities for those with an identified mental health need. Among those identified as having a mental health need, 46% of Native Hawaiian or Pacific Islander Medicaid enrollees have received treatment compared to 58% of AI/AN Medicaid enrollees. Medicaid enrollees who are Asian, Black, ‘Unknown’ race, or Native Hawaiian and Pacific Islander are less likely to receive needed behavioral treatment than AI/AN, Other, White, and Hispanic. Overall, less than 53% of those identified with a mental health need have received treatment (Figure 9).

The Olympic region has improved opioid use disorder treatment penetration from 34.8% in 2017 to 52.7% in 2019.

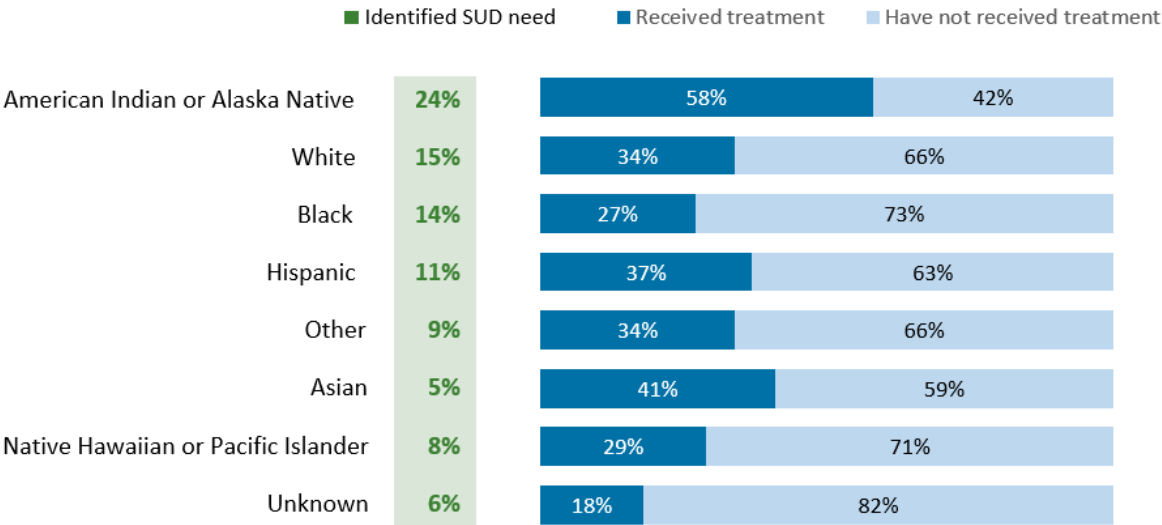
Figure 9: Identified mental health (MH) need and treatment rate among Olympic region adult Medicaid enrollees, by race/ethnicity (2019)



Source: Washington State Healthcare Authority (2020)²⁵

Substance use need among adult Medicaid enrollees (ages 18-64) varies by race and ethnicity as well. As shown in Figure 10, AI/AN experience the highest rate of identified substance use need at 24% of Medicaid enrollees. The AI/AN population in the Olympic region also experiences the highest rate of treatment at 58%. Across all races, 36% of Medicaid enrollees with an identified substance use disorder treatment need in the Olympic region are receiving treatment.

Figure 10: Identified substance use disorder (SUD) need and treatment rate among Olympic region adult Medicaid enrollees, by race/ethnicity (2019)



Source: Washington State Healthcare Authority (2020)²⁶

Behavioral Health Workforce

Improving behavioral health care services depends in part on ensuring that people have access to a behavioral health provider. Each county in the Olympic region is designated as a Mental Health Professional Shortage Area.²⁷ Shortages are calculated as the number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, advanced practice nurses specializing in mental health care as well as providers that treat alcohol and other drug abuse per 100,000 population. Most of Washington State is experiencing mental health professional shortages. Overall, the I-5 corridor is more successful in recruiting and retaining mental health professionals than the more rural counties as shown in Figure 11.

Figure 11: Mental health professional shortage areas by county (2020)

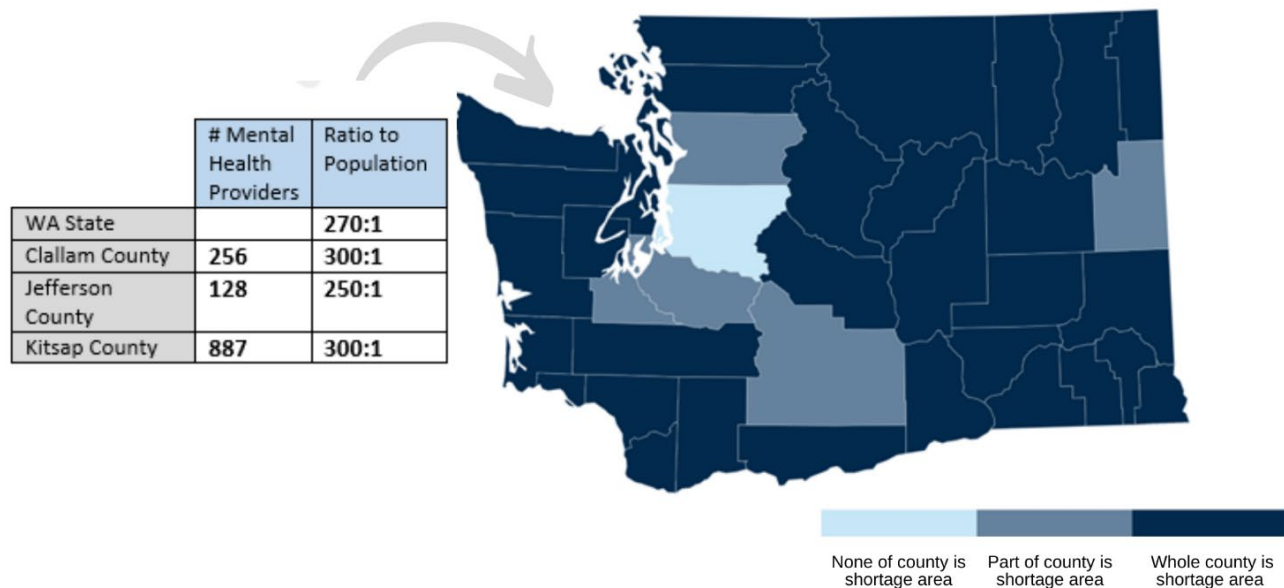


Figure 11 sources:

County Health Rankings & Roadmaps (2020)²⁸ and Rural Health Information Hub (2020)²⁹

In 2017, Washington State conducted a Behavioral Workforce Assessment. The Assessment identified twenty-four categories of occupations credentialed for providing behavioral health services in Washington. The assessment identified that the Olympic region has an aging workforce. The mean age of practitioners is greater than 50 years of age.³⁰ The implications of this trend will be felt by the region in the coming years, as practitioners retire.

Salary

According to local behavioral health care professionals, Wendy Sisk (Peninsula Behavioral Health) and Jim Novelli (Discovery Behavioral Healthcare), salary wages for local behavioral health staff positions have not historically been shared due to competition for hiring (personal communications, January, 2021). This is slowly changing as agencies begin posting salary ranges for the current openings listed on their websites.

National data show that salaries vary, with licensed clinical and medical providers such as psychiatrists and psychiatric nurse practitioners receiving salaries that are significantly higher than salaries for non-licensed behavioral health workers. A national average for substance use, behavioral disorder, and mental health counselor salary is \$52,000.



Source: U.S. Bureau of Labor Statistics (2020) ³¹

Local behavioral health agencies that were willing to share staff salary ranges for this report indicated that salaries in the Olympic region trend lower, especially among the community mental health agencies which primarily serve Medicaid enrollees. Jim Novelli, Executive Director for Discovery Behavioral Healthcare explains,

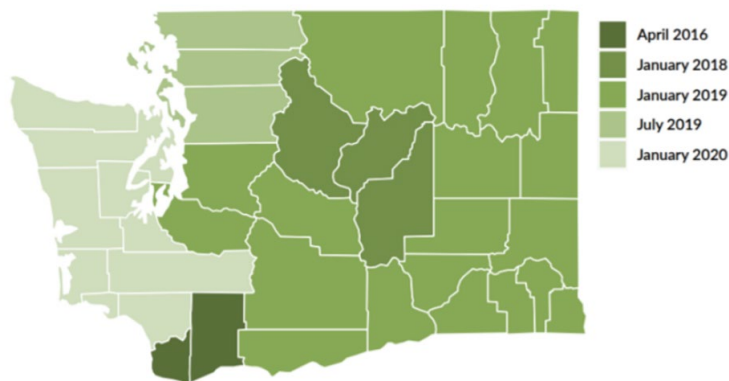
“It’s a historical issue with community mental health, the rate of pay is significantly lower than those offered by a FQHC or hospital setting due to Medicaid rates being lower than other reimbursement forms. The proposed upcoming Medicaid rate increase of 4.5% isn’t sufficient to reach parity with other payers. As a primary Medicaid provider our first priority is Medicaid clients. We don’t turn them away or limit the number of Medicaid clients like other places may do. We also struggle to serve Medicare because only licensed clinical social workers are eligible to bill Medicare. We are unable to match salaries offered by hospital systems or other healthcare clinics.” (personal communication, January 14, 2021).

An additional, ongoing challenge to workforce recruitment is the shortage of affordable housing for potential hires wishing to move into the region poses. In Kitsap, average rental rates have increased by 60% over the past ten years, with a 2019 vacancy rate of 4%, lower than a “healthy” vacancy rate of 6 - 8%. ³² Looking at fair market value for rentals, each county in the region rates as “very high” compared to the national average and more expensive than most of the state of Washington. ³³

Integrated Managed Care

Mandated by the state, [integrated managed care \(IMC\)](#) aims to coordinate physical health, mental health, and substance use disorder treatment services to help provide “whole-person” care under one health plan. Most Medicaid clients have managed care, which means Washington State Medicaid pays health plans (Managed Care Organizations) a monthly premium for preventive, primary, specialty, and other health services coverage. Some Medicaid clients remain on a fee-for-service (FFS) arrangement, including many Tribal members.

Figure 13: IMC regions by implementation date



Source: Center for Health Systems Effectiveness (2020) ³⁴

Transitioning to Integrated Managed Care in the Olympic Region

The Olympic region fully transitioned to IMC on January 1, 2020 (Figure 13). The transition to IMC impacted all behavioral health providers in the region as well as physical health providers in Clallam County, the only county in Washington State that did not previously have managed care for physical health. While the region had ample notice regarding the transition, no funds were allocated to support system improvements such as electronic health record (EHR) changes, technical assistance to providers to understand the changes, and community education. Providers spent many hours and financial resources preparing for and implementing the transition.

The unforeseen COVID-19 pandemic collided with the region's transition to IMC and augmented the IMC transition challenges for providers and clients:

- **Provider payments** – Many behavioral health providers experienced unwarranted claim denials and rejections due to new billing codes.
- **Reduced funding for non-Medicaid services** – Services for individuals who are uninsured and underinsured decreased dramatically in 2020 causing some to turn to emergency departments for care and many to go without needed behavioral health care entirely.
- **Launch of telehealth services** – While the launch of telehealth services is greatly needed, especially in a rural area like the Olympic region, it was not planned for. The region lacks widespread broadband internet access, and many behavioral health clients do not have access to cell phones or computers.

The Olympic region's transition to Integrated Managed Care collided with the COVID-19 pandemic, causing a range of additional challenges and burdens for providers and clients.

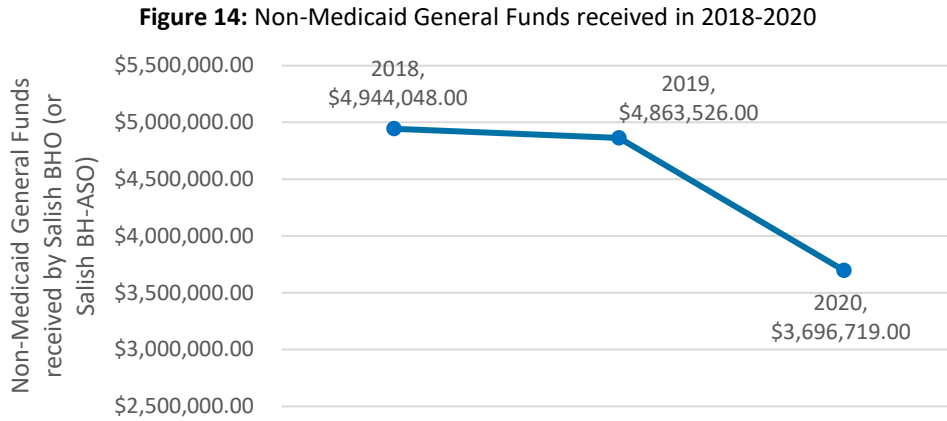
Role of the Behavioral Health Administrative Service Organization

Prior to the launch of IMC in 2020, Medicaid enrollees' low intensity mental health service benefits were managed by Washington State Medicaid MCOs. Low intensity mental health services are defined as services provided by primary care offices and by private practitioners and therapists. Higher intensity mental health services and all substance use treatment were behavioral health benefits managed by regional Behavioral Health Organizations (BHOs).³⁵

With the transition to IMC, the role of the BHO dissolved. The responsibility for behavioral health benefits management, low to high intensity services, was transitioned to Medicaid MCOs. Under IMC, MCOs manage both physical and behavioral health benefits, referred to as whole-person care, for Medicaid Managed Care enrollees. The MCOs currently providing managed care benefits in the Salish region are: Amerigroup Washington, Molina Healthcare of Washington, and UnitedHealthcare Community Plan.³⁶

Another system change that was implemented in January 2020 was the creation of a Behavioral Health Administrative Services Organization (BH-ASO). In the Olympic region, this is the Salish BH-ASO (SBH-ASO). The SBH-ASO is responsible for managing the Regional Crisis System for all individuals regardless of funding or insurance status. The SBH-ASO contracts with a network of local behavioral health agencies who are licensed to provide 24/7 crisis services. Crisis services include toll-free crisis line services, mobile crisis outreach, and involuntary treatment investigations. The SBH-ASO is also responsible for the cost of involuntary treatment (psychiatric inpatient and secure withdrawal management) for individuals without Medicaid or other resources.

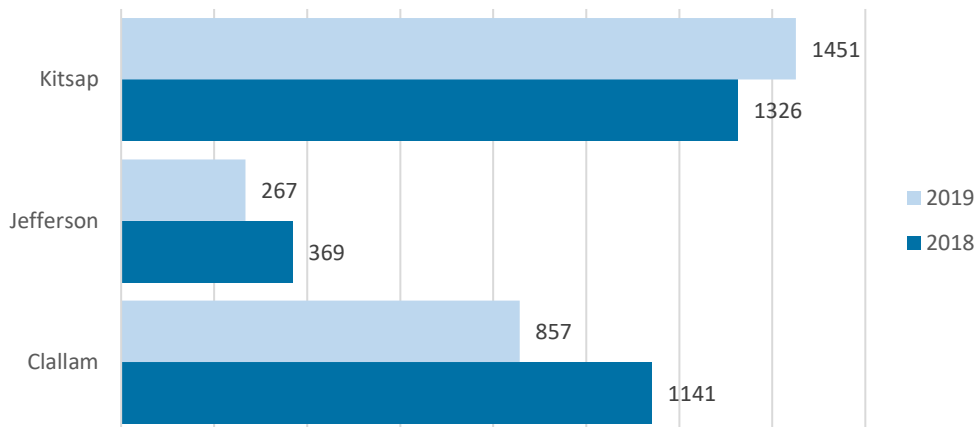
If financial resources remain after providing for the Regional Crisis System and involuntary treatment, the SBH-ASO may also provide for limited non-crisis behavioral health services for non-Medicaid individuals, such as outpatient treatment. However, with the reduction in non-Medicaid funding that occurred with the transition to IMC, very limited funding is available to provide for non-crisis services to non-Medicaid individuals. Overall, non-Medicaid funding from the state’s General Fund has decreased from 2018 through 2020 (Figure 14).



Source: Salish Behavioral Health Administrative Services Organization (2020) ³⁷

The SBH-ASO provides for behavioral health crisis services to everyone within the region, regardless of insurance coverage. During 2018 and 2019, the most recent years for which data is available, the SBHO’s Crisis Provider Network provided a total of 4,845 and 4,594 crisis services, respectively. ³⁸ These services are broken down by county in Figure 15.

Figure 15: Crisis Services provided by Salish Behavioral Health Organization by County in 2018-2019

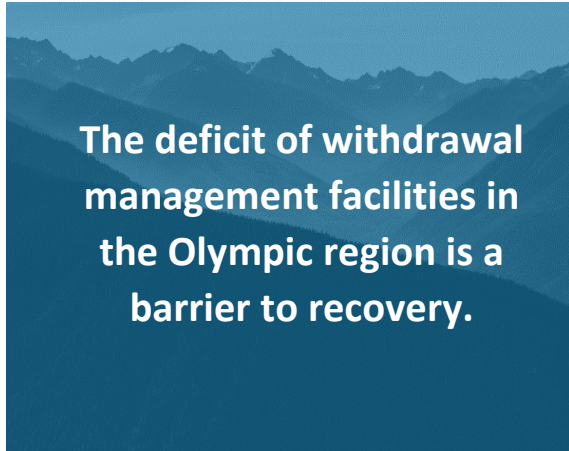


Source: Salish Behavioral Health Administrative Services Organization (2020)

Gaps & Challenges

There are many opportunities for improvement in prevention, treatment, and access to behavioral health care in the Olympic region. Here we focus on areas that have been raised by partners across our region.

Substance Use Withdrawal Management Facilities



Medically supported withdrawal management is often recommended for individuals with severe addiction who are at risk of seizures, respiratory failure, or other fatal side effects caused by acute withdrawal. Medical withdrawal management provides inpatient care so that the individual may be continuously monitored and supported by medical professionals. There are currently **zero medically assisted withdrawal management facilities** operating in Olympic region. Individuals requiring medically assisted withdrawal management services are referred to high-demand facilities in Tacoma, Chehalis, Lacey, Seattle, and other distant locations. Even when a referral is secured and a bed space is available, lack of transportation to these locations is a barrier to accessing care.

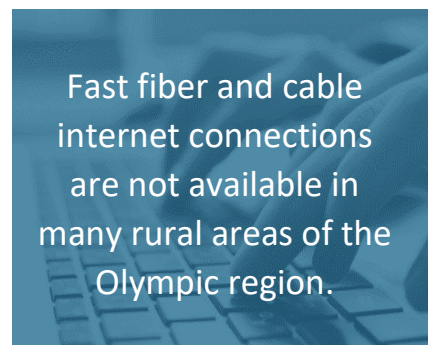
Residential withdrawal management (formerly known as “subacute detoxification”) provides short-term non-medical inpatient support services for clients experiencing mild to moderate withdrawal symptoms. It is designed to monitor vitals, provide medication reminders, and support the client through the withdrawal process. To be accepted for this service, individuals must meet agency-established limits based upon screening tools that determine if an individual is not at medical risk and is past the worst symptoms of withdrawal (Figure 16).³⁹

Figure 16: Residential withdrawal management facilities currently operating in the Olympic region

Kitsap County	Kitsap Recovery Center	6 male & 3 female beds
Kitsap County	Olalla Recovery Centers	2 male & 1 female beds
Jefferson County	N/A	0 beds
Clallam County	N/A - <i>Specialty Services closed their withdrawal management unit in March 2020</i>	0 beds

Broadband Internet Access

Limited access to broadband internet is a barrier to utilizing telehealth and telemedicine diagnosis and treatment services. Broadband internet, as defined by the Federal Communications Commission (FCC), has speeds of at least 25 megabytes per second (Mbps) download and at least 3 Mbps upload.⁴⁰ Limited access is also a barrier for youth and adults struggling to keep up with remote school and work requirements.



Broadband internet access varies geographically with lower access in rural and remote geographic areas; 3% of Kitsap residents do not have access to broadband compared with 15% and 17% in Clallam and Jefferson, respectively. ⁴¹ Fast fiber and cable internet connections are not available in many rural areas of the Olympic region. Current options in these areas include using phone lines (which can be slow and ineffective for the live audio and visual streaming required by telemedicine) and satellite connections (which are expensive). In Forks, there are three providers offering residential internet service, of which only one offers wired connection (DSL via phone lines). In comparison, residents of Bremerton may select from five residential internet providers, four of which offer wired connections (high-speed fiber and cable). ⁴²

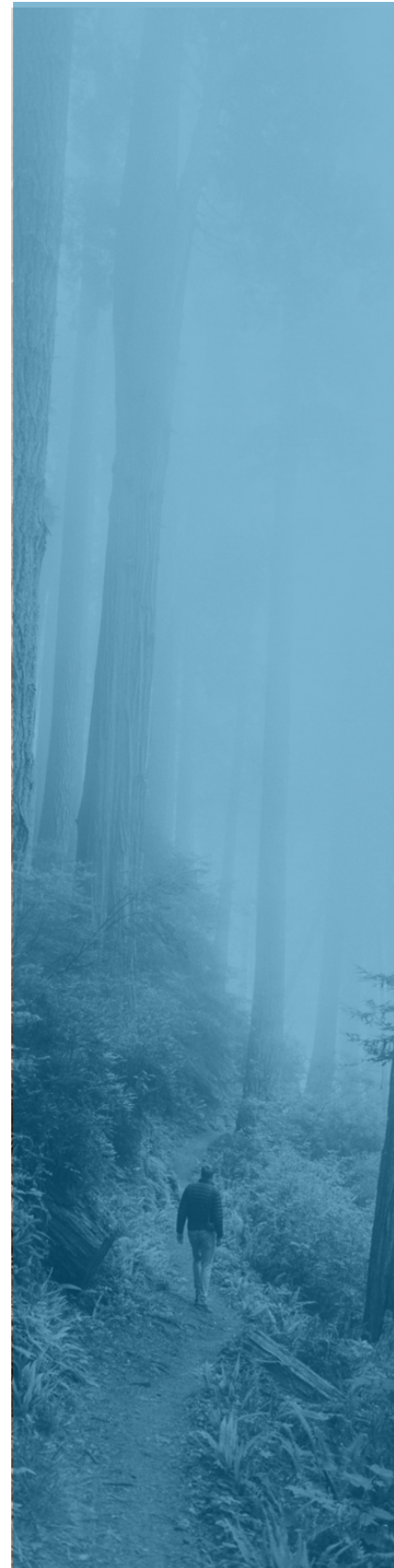
Rates and Policies

Access to behavioral health care is impacted by reimbursement rates and policies. Here we describe two examples that have negatively impacted access to health care services: Medicare restrictions on SUD inpatient treatment and low or no reimbursement rates for telehealth.

Medicare coverage of SUD inpatient treatment is subject to restrictions which make it difficult for clients to access services. Medicare reimbursement for inpatient treatment is limited to hospital-based treatment facilities. There are no such facilities in the Olympic region and there is a high demand for openings in out-of-region hospital-based treatment facilities. Previously, the BHO provided funding to support inpatient treatment for Medicare clients at non-hospital facilities; that assistance has diminished with the decreased funding now provided to the BH-ASO (personal communication, Three-county Coordinated Opioid Response Project Treatment workgroup, January 20, 2021).

Before COVID-19, FQHCs and Rural Health Centers (RHCs) were not permitted to bill Medicare as a distant site for telehealth. While it is temporarily permitted, under the COVID-19 CARES Act, it “unfortunately still reimburses relatively poorly,” at about 30% of what would be reimbursed by Medicare for an in-person visit (M. Maxwell, personal communication, March 21, 2020). For other non-FQHC/RHC health care practices, telehealth was permitted prior to COVID-19 and billed at a lower rate than in-person care.

Early in the pandemic, Governor Inslee’s Proclamation 20-29 recognized the importance of telehealth options and specifically authorized such visits to be reimbursed at the same payment as an in-person encounter. Unlike the situation with Medicare, this removed any financial penalty barriers to providing telehealth services for Medicaid clients. Similarly, the Governor mandated that, during the pandemic, the commercial insurance plans must reimburse telehealth at the same rate they would reimburse a face-to-face visit. ⁴³ These allowances are characterized as temporary for the duration of the pandemic emergency. Should encounter-parity be removed post-pandemic, there will once again be a barrier to providing telehealth.



Privacy Regulations: HIPAA and 42 CFR Part 2

In 1975 Congress passed legislation known as 42 CFR Part 2 which guarantees the confidentiality of information for individuals seeking treatment or with a diagnosis of substance use disorder at a federally assisted program. The statute requires that a patient must give specific written consent before information related to their SUD diagnosis or treatment plan is shared with non-addiction providers. The intent behind the law was to safeguard alcohol and drug patient information from use by law enforcement as well as to prevent housing and employment discrimination.⁴⁴

No other chronic or acute diagnosis has the same shroud of protection as substance use disorder. Congress passed the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which permits disclosure of client records without consent for the purpose of case management and care coordination. The only mental health record disclosure given special attention under HIPAA are psychotherapy notes which are recorded separately and are not included in the medical record.⁴⁵

Because 42 CFR Part 2 requires an individual's consent for almost every instance of disclosure, it is an obstacle to timely sharing of information and blocks providers from easily and effectively coordinating care. The result is a fragmented system of care which frustrates efforts to integrate behavioral and physical health for individuals experiencing SUD, with potential for duplication and gaps in care which increase possibility for patient harm.⁴⁶ An additional unintended consequence of 42 CFR Part 2 is that behavioral health providers face additional barriers to participating in electronic health information exchanges.⁴⁷

Recovery Housing

Recovery houses are safe, healthy, substance-free living environments that support individuals who are in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery.⁴⁸ There currently is no state or local data source identifying existing recovery residences in Washington State.

In 2019 Washington State HB1529 legislated a registry of certified recovery housing be established and maintained. As part of that process, OCH's Three-county Coordinated Opioid Response Project (3CCORP) treatment workgroup began collaborating with the Fletcher Group and surveyed the region to identify existing recovery housing. Initial findings from the regional survey indicate that the vast majority of recovery housing available in the Olympic region are peer-run Oxford Houses⁴⁹. Regionally, Oxford Houses accommodate seven to ten individuals with better access to housing for men than for women and families available. Access to recovery housing in the Olympic region varies by county, with 9 Oxford Houses (75 beds) in Clallam County, 26 (224 beds) in Kitsap County, and none in Jefferson County.⁵⁰

1/10th Citizens Advisory Committees

The Hargrove bill was passed by the Washington State legislature in 2005. It allows counties to pass a 1/10 (one tenth) of 1% sales tax for mental health, substance use treatment and to support court treatment programs. The bill was passed in recognition that behavioral health needs exceeded available funding. Each county administers their own 1/10th of 1% dollars.⁵¹ Jefferson County Commissioner Brotherton reported that many 2020 applicants returned with funding requests in 2021. The county allocated \$493,123 to 15 programs including transitional housing projects by Olympic Community Action Programs (OlyCAP) and Discovery Behavioral Healthcare and therapeutic housing support by Jefferson County's Juvenile & Family Court (personal communication, January 14, 2021).

Determinants of Health

It is estimated that about 20% of what creates health is related to access and quality of health care, including behavioral health care. The remaining 80% is shaped by the conditions in which people are born, live, grow, work, and age. These conditions shape health in a way that is beyond the reach of the health system and are referred to as the determinants of health (DoH). DoH can shape a person's health positively or negatively. Addressing social needs is an upstream solution that may prevent behavioral health needs before they begin.

Figure 17: Determinants of Health				
Economic Stability	Education	Social and community context	Neighborhood and physical environment	Health and health care
Employment	Early childhood education & development	Civic participation	Violence and safety	Access and coverage to health care
Income		Discrimination	Housing quality	Quality of care
Debt	Education level	Incarceration	Transportation	Provider cultural competency
Food security	High school graduation	Social cohesion	Walkability and parks	Health literacy
Housing	Language and literacy	Support systems	Environmental pollutants	
	Vocational training	Stress	Air and water quality	

Figure 17 source: Olympic Community of Health (2020)⁵⁰

The COVID-19 pandemic is exacerbating social risk factors for millions, including loss of employment, subsequent health coverage loss, worsening food insecurity, and increasing housing instability. Many marginalized communities have been impacted disproportionately.

Figure 18 provides a visual of the Olympic region's priorities regarding determinants of health as determined by a [regional survey](#) conducted by OCH in May, 2020. Housing instability and employment were identified as social risk factors that would have both great impact and benefit from a regional response.

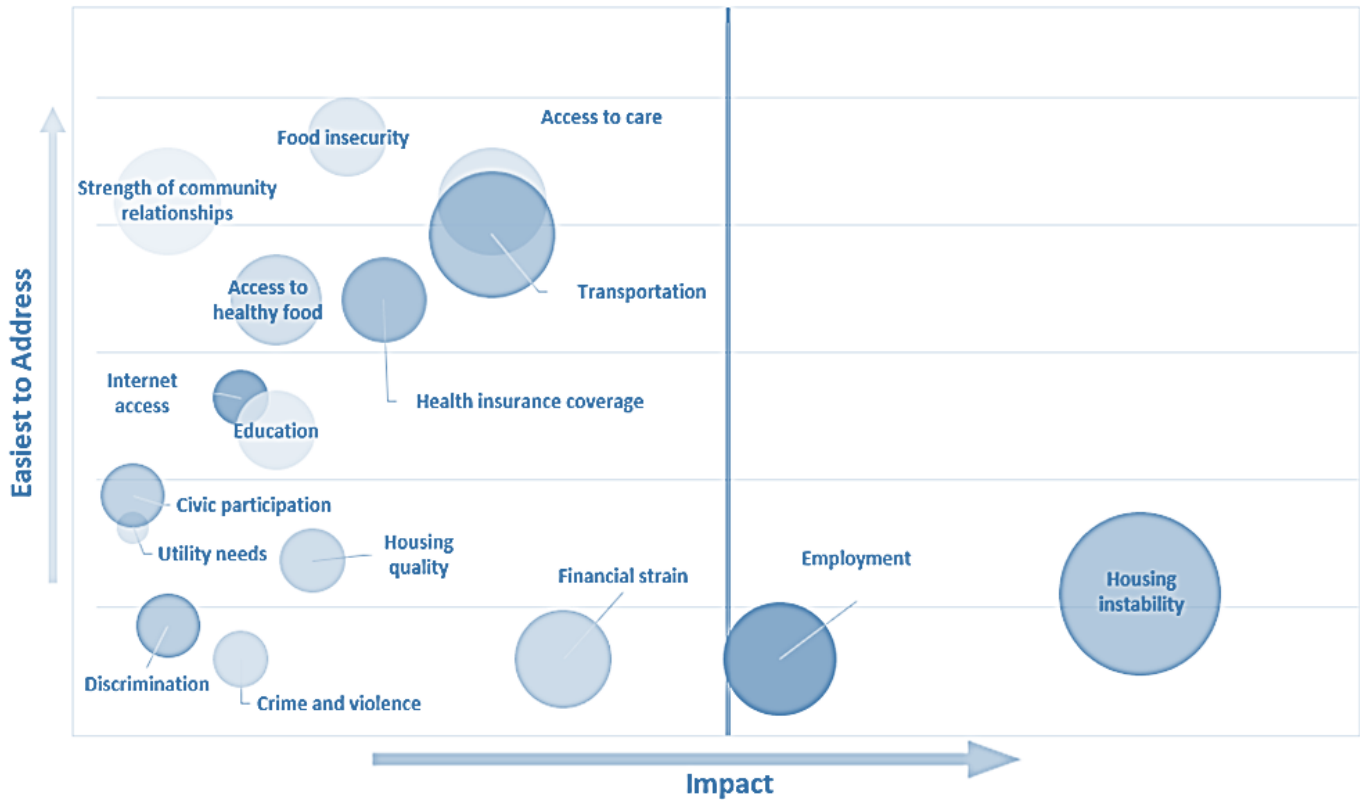
OCH is committed to addressing local determinants of health by taking the following next steps:

- Complete a full inventory of regional determinants of health work with a goal of maximizing current resources and work, increasing collaboration, and identifying funding gaps.
- Host a region-wide housing summit including a full data overview, highlighting successes, promising models, and providing space for collaborative problem solving.
- Encourage current Medicaid Transformation Project partners to advance community-clinical linkages, strengthening relationships across organizations, Tribes, and communities.
- Identify and coordinate funding opportunities to support local efforts addressing determinants of health.

Health partners across the region identified housing instability as the social need with the largest potential impact on health.



Figure 18: Determinants of health priorities regarding ease, potential impact, and benefit from regional response (circle size).



Source: Olympic Community of Health (2020) ⁵²

Olympic Region Creativity & Successes

Local Approaches

The Olympic region has many communities, organizations, and Tribes working together to support the behavioral health needs across the region. OCH has seen many successes related to improving individual and population health across the region. Below are just a few examples of innovative projects by OCH partners.

Resiliency and Trauma-Informed Care Related Projects



Becoming a trauma-informed organization | Olympic Area Agency on Aging's (O3A)

O3A's Program Manager is a certified trauma-informed care trainer and is equipped with the experience and tools necessary to lead trauma-informed care workshops for all O3A branches. During COVID-19, O3A adapted their trauma-informed care training to a digital platform, allowing them to cater the training to a remote workforce and engage more staff than initially planned.

Resilience video project | Clallam Resilience Project

Clallam Resilience Project's Take Care and Be Well Tiny Video Series is a collection of short videos (2-5 min) highlighting resilience centered skills. The videos feature representatives from Jefferson County Health Department, Quillayute Valley School District, United Way of Clallam County, First Step Family Support Center, Nurturing Families LLC, Olympic



Community of Health, Clallam County Commissioner, Clallam County Health and Human Services, and more.

Tribal wellness kits | The Quileute Tribe

The Quileute Tribe provides monthly wellness kits to every household in the reservation. The kits have had an incredible impact on the community, providing opportunities for creative expression, safe community connections, and raising awareness of local services available through the Quileute Health Center.

Substance-Use Disorder/ Opioid-Use Disorder Related Projects



Syringe exchange | Peninsula Community Health Services (PCHS)

PCHS is now providing syringe exchange at five of their pharmacies. Kitsap Public Health District is partnering with PCHS to transition the public health district's syringe exchange services to a network of fixed-location health care facilities while the health district continues to provide a mobile syringe exchange program in rural areas of Kitsap County. PCHS provides medication assisted treatment and this change will increase linkage between needle exchange and treatment services.

Community paramedicine program | Port Angeles Fire Department

Port Angeles Fire Department hired a community paramedic who works with the Port Angeles Police Department social worker to remove barriers to recovery. The community paramedic and social worker remove barriers by identifying high risk individuals, coordinating care, providing transportation, and conducting outreach with the homeless community via homeless shelters and visits to homeless camps. In just six months, the Community Paramedicine program saw a 50% decrease in EMS calls and transports to the Emergency Room after initial contact with the Community Paramedic. The concept of community paramedicine has spread, Jefferson Police Department is in process of creating policies and procedures to support a social worker.

Community Health Improvement Program (CHIP) | Jefferson County

Jefferson County CHIP works to strengthen and expand Substance Use Disorder and Opioid Use Disorder prevention, treatment and recovery services. They conducted a needs assessment addressing the treatment and recovery needs of Jefferson County and developed a strategic, workforce, and sustainability plan.

Telehealth Related Projects



MAT telehealth | Port Gamble S'Klallam Health Clinic

Port Gamble S'Klallam Health Clinic initiated telehealth services allowing counselors and MAT providers to provide individual and group services via telehealth. Telehealth has been implemented across primary care and behavioral health services.

Virtual dialectical behavior therapy | Kitsap Mental Health Services

Kitsap Mental Health Services implemented virtual Dialectical Behavior Therapy (DBT) within the Child and Family Department. The program has since seen a 100% participation rate.

Community Connect pilot clinic | Jamestown Family Health Clinic

Integration of virtual/telehealth visits and patient scheduling via a patient portal



(MyChart). Jamestown Family Health Clinic was the Community Connect pilot clinic for the implementation and testing of the integrated telemedicine using Zoom with MyChart. This allows a more efficient and functional telemedicine experience for the patient. Medical Laboratory Technicians and Licensed Clinical Social Worker were trained to provide audio/video as well as telephone only visits.

OCH Solutions

In addition to supporting partner projects and initiatives (such as the ones listed above), OCH is committed to leading creative approaches addressing regional health priorities. The examples below outline a few areas that OCH will be taking lead on over the next year.

Addressing Stigma

Stigma is defined as “a mark of disgrace associated with a person, a personal quality, or a personal circumstance.”⁵³ Stigma can be a barrier to seeking behavioral health services. It can also be a barrier to reaching out to friends or employers for help as stigma contributes to alienation from others who do not understand the disease or how to help.⁵⁴ The American Society of Addiction Medicine webpage reports:

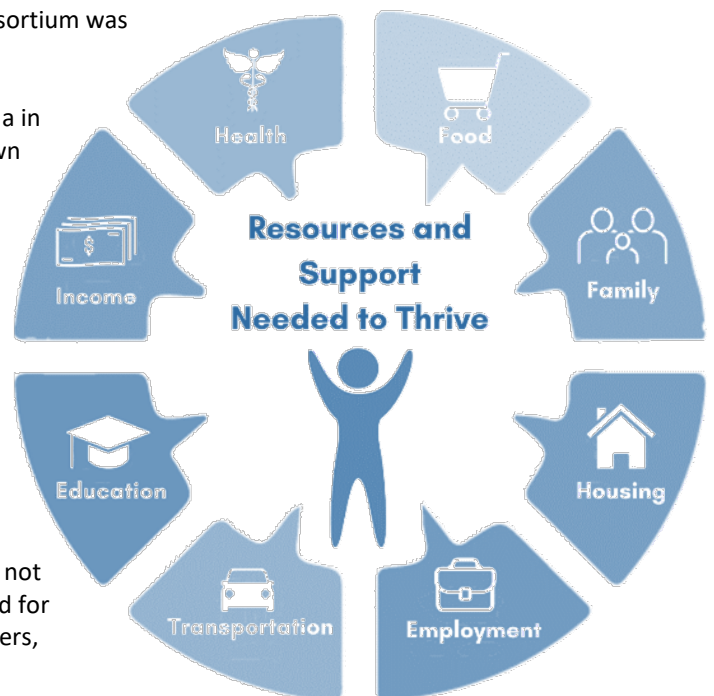
“Unfortunately, because of the legal and social ramifications associated with addiction, patients are often reluctant to tell their doctor that they may have addiction or consent to the disclosure of information about their addiction treatment. This is an unfortunate aspect of the stigma that surrounds this disease, and it exacerbates the addiction treatment gap that exists in this country.”⁵⁵

OCH and its partners are committed to addressing stigma in the Olympic region in 2021. The Steering Committee of Three-county Coordinated Opioid Response Project (3CCORP) prioritized stigma as an intervention focus area. OCH was awarded \$245,000 by Cambia Health Solutions and directed those funds be used to implement a multi-prong approach to combat behavioral health stigma in our region, especially stigma related to substance use disorder.

At the local level, the Jefferson County Behavioral Health Consortium was awarded \$1,000,000 Rural Communities Opioid Response – Implementation (RCORP-I) by Health Resources and Services Administration (HRSA) with an objective to address SUD stigma in Jefferson & Clallam counties in partnership with the Jamestown S’Klallam Tribe.⁵⁶

Clallam Care Connection (3C)

Fragmented care occurs when health care providers and other organizations do not effectively work well together. Providers describe working in silos with systems that are not set-up to support collaborative multidisciplinary coordinated care for high-risk Individuals such as those with serious mental health and/or substance use disorders. This challenge is not unique to the Olympic region, a recent study by Health Affairs reported that, “Compared to physicians in other countries, substantial proportions of U.S. physicians did not routinely receive timely notification or the information needed for managing ongoing care from specialists, after-hours care centers,



emergency departments, or hospitals”.⁵⁷ One of the most effective methods of improving client outcomes while decreasing costs is care coordination.

Clallam Care Connection (3C) is a pilot project that provides coordinated care to improve the health status of individuals with complex, chronic conditions to deliver a seamless experience of care that is person-centered, cost-effective, addresses social determinants of health, and results in improved health and wellness. Connecting weekly, providers from health, social service and community organizations are breaking the silos and moving towards whole-person care. 3C focuses on serving members of the community who are at risk for or experiencing: debilitating mental health and substance use disorder, repeat 911/emergency department use, risk of suicide, transition out of inpatient services or jail/prison; disjointed or discontinuous care.

3C is in its start-up phase with four organizations currently participating: North Olympic Healthcare Network (NOHN), the Port Angeles Fire Department, Peninsula Behavioral Health, and REdisCOVERY (a team of navigators who work closely with the Port Angeles Police Department to respond to mental health crises in the field). The benefits are already apparent with increased appointment and medication adherence among 3C clients and unnecessary 911 and ED visits prevented. Additionally, 3C team members have the benefit of closed-loop referrals (meaning that the outcome of a referral is known). In the future, 3C will use a shared digital information exchange platform if one becomes available and if the parties agree to pay and participate in its use.

Opportunities & Recommendations

There are many opportunities for legislators, policy makers, health care providers, community-based organizations, social service agencies, Tribal health centers, and communities to prioritize behavioral health. OCH's regional partners recommend the following:

Workforce

- ◆ Provide advocacy to increase salaries for behavioral health providers commensurate with their education, training, and the cost-saving benefit their services provide.
- ◆ Conduct a behavioral health workforce study to ascertain current strengths and opportunities to address workforce staffing shortages.
- ◆ Advocate for behavioral health reimbursement rates that are based on actual costs and salaries, not on past and current rates which have not kept up with cost of living and education.
- ◆ Improve access to housing. Ensure that housing (rental and home ownership) is affordable over time for occupancy by local employees and residents.

Determinants of Health

- ◆ Prioritize innovative and creative housing and transportation solutions to improve access to care across the region.
- ◆ Strengthen partnerships between community-based organizations and clinical providers to address social needs.
- ◆ Sustainable funding to address determinants of health.

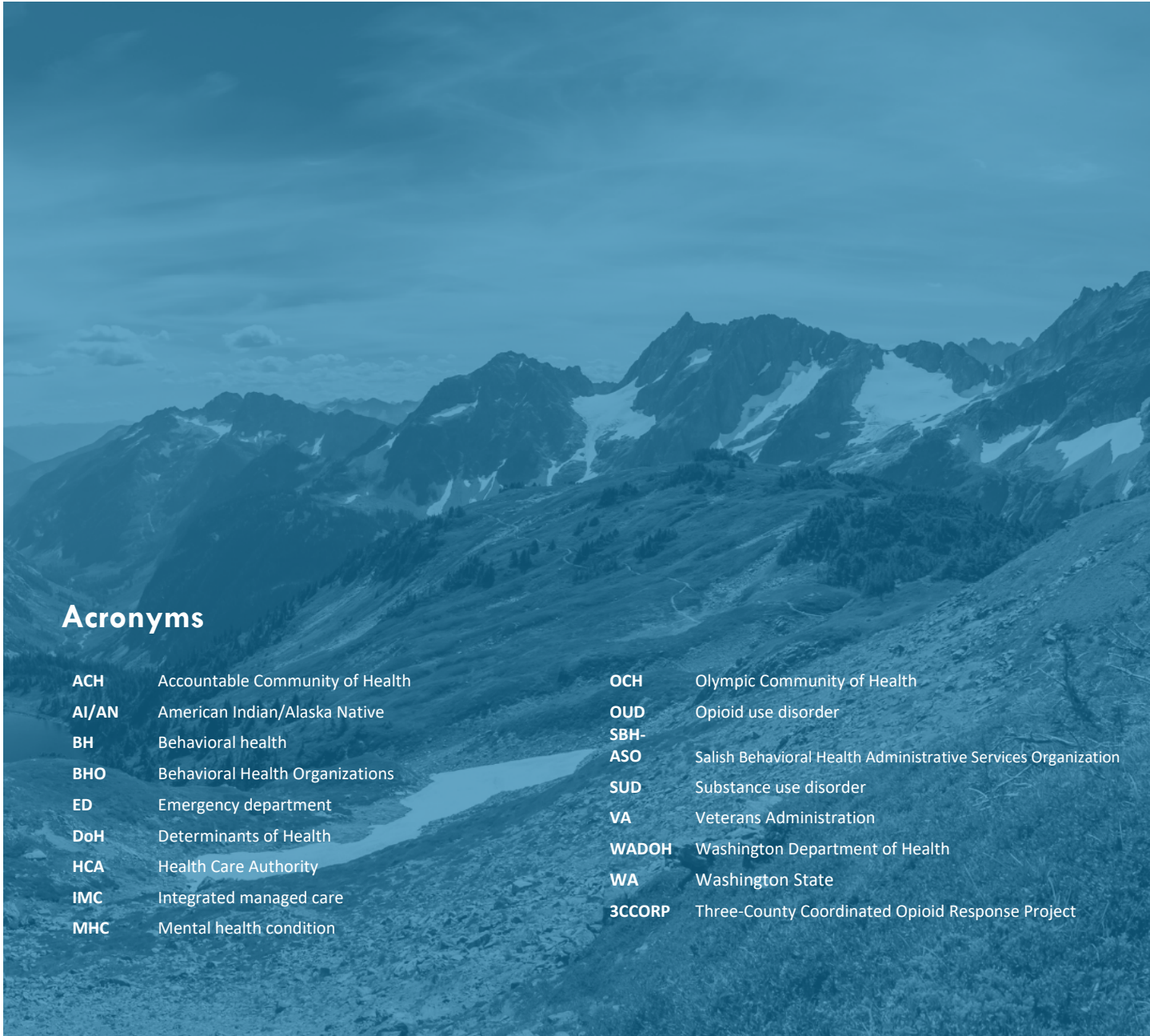
Services

- ◆ Address the need for additional withdrawal management and stabilization services in the Olympic region and across the state.
- ◆ Implement guidance that improves data sharing and communication between clinical and community partners.
- ◆ Increase mental health and substance use disorder services; expand eligibility for existing services and increase the number and type of services.

- ◆ Increase funding to the Behavioral Health Administrative Service Organizations to funding levels of 2018 and 2019. This will improve access to non-crisis services, such as outpatient treatment, among non-Medicaid individuals.

Technology & Whole Person Care

- ◆ Establish guidance to streamline and support implementation of HIE in our region and state. Enhance referral systems and processes to better connect clients to existing community resources.
- ◆ Address perceived barriers to coordination and integration of care, including health information exchanges (HIE) among behavioral health providers regionally and statewide. Provide training on complying with confidentiality regulations such as 42CFR Part 2 while using HIE.
- ◆ Continue to support COVID-19 recovery and resources including cell phones and laptop distribution programs for Medicaid clients to ensure continued access to services and treatment.



Acronyms

ACH	Accountable Community of Health	OCH	Olympic Community of Health
AI/AN	American Indian/Alaska Native	ODD	Opioid use disorder
BH	Behavioral health	SBH-	
BHO	Behavioral Health Organizations	ASO	Salish Behavioral Health Administrative Services Organization
ED	Emergency department	SUD	Substance use disorder
DoH	Determinants of Health	VA	Veterans Administration
HCA	Health Care Authority	WADOH	Washington Department of Health
IMC	Integrated managed care	WA	Washington State
MHC	Mental health condition	3CCORP	Three-County Coordinated Opioid Response Project

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SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, July 30, 2021

TIME: 9:00 AM – 11:00 AM

LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

****Recommend participation by either computer or ZOOM app on your mobile phone. Please use this link to download ZOOM to your computer or phone: <https://zoom.us/support/download>.****

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://zoom.us/j/94310609587?pwd=TVovNzZqMGZuV2ZNTDJoaEpoQzkrdz09>

Meeting ID: 943 1060 9587

Passcode: 564503

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 943 1060 9587

Passcode: 564503

A G E N D A

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Minutes for March 19, 2021 (Attachment 5)
6. Action Items
 - a. SBH-ASO Interlocal Agreement (Attachment 6.a)
 - b. SBH-ASO Budget Update (Attachment 6.b.1 and Attachment 6.b.2)
 - c. SBH-ASO Policies and Procedures (Attachment 6.c.1, Attachment 6.c.2 and Supplemental Packet 6.c.3)
7. Informational Items
 - a. HB1310 and Crisis System Impact (Attachment 7.a)
 - b. SB5476 (State v Blake) and Role of BH-ASOs
 - c. 2020 SBH-ASO Quality Management Program Evaluation Report (Attachment 7.c)
 - d. 2022 Executive Board Meetings
 - e. SBH-ASO Advisory Board Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BAART	A BayMark health services company, opioid treatment company
BH-ASO	Behavioral Health Administrative Services Organization
CAP	Corrective Action Plan
CHPW	Community Health Plan of Washington
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

July 30, 2021

Action Items

A. SBH-ASO INTERLOCAL AGREEMENT

While electing officers at the January 15, 2021, Executive Board Meeting, the Board commented on the lack of utility of having a Second and Third Vice-Chairs. With the term of the Interlocal Agreement ending on 12/31/2021, the July Board Meeting is an opportunity to take action on amending the terms of the SBH-ASO Interlocal Agreement.

The Interlocal Agreement has been attached in track changes. The only edits made by staff are the elimination of Second and Third Vice-Chairs in Sections D and E of Article VI.

B. SBH-ASO BUDGET UPDATE

Changes in several SBH-ASO Revenue Contracts necessitated a mid-year budget update. There are several new funding sources included in SBH-ASO's July 1st HCA Contract Amendment. Additionally, there was a significant increase in revenue within SBH-ASO's Community Behavioral Health Rental Assistance Contract with the Department of Commerce. Staff has summarized changes in its annual revenue in the "Summary of Non-Medicaid Revenue" attachment. The blue column identifies anticipated revenue shared at and approved during the January 15, 2021, Executive Board Meeting. The grey column is an updated annual estimate for calendar year 2021 revenue.

Planned changes in SBH-ASO Expenditures is summarized in "Non-Medicaid Expenditure Summary". The middle column of the attachment reflects expenditures approved during the January 15, 2021 Executive Board Meeting. The far-right column reflects updated expenditures to align with changes in revenue.

Staff anticipates receiving at least 2 off-cycle amendments from HCA before the end of the calendar year. The proposed budget does not include this anticipated revenue as sufficient details has not yet been provided by the HCA.

Staff will provide additional details surrounding the proposed non-Medicaid budget and seek the Board's approval.

C. SBH-ASO POLICIES AND PROCEDURES

Changes in the January 1, 2021 HCA/BHASO Contract, necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

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

AD101	Policy Development and Review
AD102	Provider Network Selection and Management
AD105	Customer Service
CL205	Monitoring of Conditional Release, Less Restrictive and Assisted Outpatient Treatment Orders
CP301	Compliance and Program Integrity
CP303	Fraud, Waste and Abuse Compliance Reporting Standards
QM701	Quality Management Plan
UM802	Notice Requirements
UM803	Authorization for Payment of Psychiatric Inpatient Services
PS908	Workstation and Portable Computer Use
PS909	Protected Health Information Data, E-mail and Internet Security
PS910	Password Protection
PS911	Administrative Requirements Documentation

Informational Items

A. HB1310 AND CRISIS SYSTEM IMPACT

High Level Summary of HB1310

- Replaces existing use of force statute with a new provision that authorizes the use of physical force when necessary to: protect against criminal conduct where there is probable cause to make an arrest; effect an arrest; or prevent escape as defined under chapter 9A.76 RCW; or protect against an imminent threat of bodily injury to the peace officer, another person, or the person against whom force is being used.
- Authorizes a law enforcement officer to use deadly force only when necessary to protect against an imminent threat of serious physical injury or death.
- Establishes a Duty of Reasonable Care for law enforcement officers:
 - When possible, exhaust available and appropriate de-escalation tactics prior to using any physical force,
 - When using physical force, use the least amount of physical force necessary to overcome resistance under the circumstances,
 - Terminate the use of physical force as soon as the necessity for such force ends,
 - When possible, use available and appropriate less lethal alternatives before using deadly force, and
 - Make less lethal alternatives issued to the officer reasonably available for their use.
- By July 1, 2022, the Attorney General will develop and publish a model policy on law enforcement use of force and de-escalation tactics.
- Requires law enforcement agencies to submit their use of force policies to the Attorney General.

Crisis System Impact

Law enforcement has a long-standing role supporting the safe delivery of crisis services, including involuntary treatment services, in the community. Crisis teams across the state have been supported by law enforcement when conducting community-based crisis outreaches. Law enforcement also assists with transporting individuals that meet criteria for involuntary detention (ITA).

On a routine basis, law enforcement has provided support to Designated Crisis Responders (DCRs) in the community by securing the scene, supporting EMS for transport, and providing direct transport. Law enforcement has also picked up individuals who had court orders mandating inpatient care. Independent of crisis teams, law enforcement would also transport someone they encountered who was in distress and transport to an emergency department, if they felt that was appropriate.

Expected changes due to HB1310 will, and in many cases already has, disrupted the current process. Law enforcement interpretation on this law is currently in flux. The consequences seen so far include jurisdictions that will not respond to any behavioral health call, jurisdictions responding but acting in an observational role, or jurisdictions responding but leaving if no crime is being committed or imminent risk identified. Law enforcement will no longer provide transport or respond for pick up orders. This has also impacted EMS response in some areas as they will not transport without law enforcement participation.

These changes have led to crisis teams across the state expressing concerns about being able to complete community outreaches in a safe manor. This leaves crisis teams in situations where the person may meet criteria for involuntary detention but cannot be transported and therefore, must be left in the community. Crisis teams and law enforcement are working to develop plans and protocols in a continuously changing landscape.

Staff will discuss this in greater detail, including actions taken to support crisis teams and the local community.

B. SB5476 (STATE V BLAKE) AND THE ROLE OF BH-ASOS

SB5476 is the Legislature's response to the *State v. Blake* decision. Prior to this decision, a person could be found guilty of felony possession of controlled substance without proof that the defendant knew they had possessed the substance. In the *State v. Blake*, the Washington Supreme Court found this statute to be unconstitutional, holding that the Legislature's criminalization of passive conduct with no requirement to prove criminal intent is a violation of due process.

Some of the immediate consequences of *State v. Blake* include, but are not limited to:

- Washington sentences for simple possession of a controlled substance were invalidated
- Immediate release of all pre-trial detainees who's only charged offenses are simple possession
- Remand of drug court participants who's only underlying charge is simple possession and dismiss their charges

Four key elements included in SB5476 include:

Penalty: Adults and juveniles who are in possession of a controlled substance will be subject to a misdemeanor. This has a sunset clause and unless the legislature acts by July 2023 simple possession will be decriminalized.

Law Enforcement Diversion: Law Enforcement are required to offer those in violation of simple possession a “referral to assessment and services” for at least the first two violations. Prosecutor Diversion” The “prosecutor is encouraged to divert cases under this section for assessment, treatment or other services.”

Funding: the bill includes \$82,150,000 in funding for treatment of substance abuse

Additional Blake Funding is also in the operating budget (\$86,5000,000)

Role of BH-ASOs

Per SB5476, each BH-ASO must establish a recovery navigator program that provides community-based outreach, intake, assessment, and connection to services to youth and adults with substance use disorders.

SB5476 provides \$2.8mil in funding for BH-ASO staff positions to develop regional recovery navigator program plans and to establish positions focusing on regional planning to improve access to and quality of regional behavioral health services with a focus on integrated care. SB5476 provides \$42mil in funding to expand substance use disorder services and supports including amounts for prevention, outreach, treatment, recovery supports, and grants to tribes.

Next Steps

- HCA is currently drafting program standards for the Recovery Navigator Program.
- HCA requiring BH-ASOs have a Recovery Navigator Program Administrator in place by July 31, 2021.
- HCA program standards expected to be released in August 2021.
- HCA requiring BH-ASOs to submit progress report on implementation of their regional program by September 1, 2021.
- HCA requesting that regional programs be in place by November 1, 2021.

C. 2020 SBH-ASO QUALITY MANAGEMENT PROGRAM EVALUATION REPORT

SBH-ASO completed an annual review of its Quality Management Program for calendar year 2020. Crisis Services were the focus for this review period, including crisis hotline, crisis outreach and utilization management. Critical Incidents, grievances and Ombuds service timelines and outcomes were also reviewed. The annual report is attached for the Board’s review. Staff will discuss in greater detail.

D. 2022 EXECUTIVE BOARD MEETINGS

Remaining Executive Board Meetings in 2021 include a Joint Executive/Advisory Board Meeting on September 17th and a standard Executive Board Meeting on November 19th. Both meetings are currently scheduled as Zoom only.

As many facilities continue to exercise caution and continue to suspend facility reservations, coordinating meeting space to allow for safe distancing could be challenging. Staff would like to discuss the continuance of virtual Executive Board Meetings for the remaining 2 meetings in 2021. Staff would like to discuss Board preference for in-person versus virtual meetings in calendar year 2022.

E. SBH-ASO ADVISORY BOARD UPDATE

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

**Friday, March 19, 2021
9:00 a.m. - 11:00 a.m.
VIRTUAL ONLY: ZOOM Virtual Platform**

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

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA – Commissioner Greg Brotherton

Stephanie requested to add an agenda item, 7.F which is an advisory board update.

MOTION: Commissioner Robert Gelder moved to approve the agenda as amended. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Mark Ozias moved to approve the meeting notes as submitted for the January 15, 2021 meeting. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **REAPPOINTMENT OF ADVISORY BOARD MEMBERS**

On December 31, 2020, the terms for Jon Stroup and Janet Nickolaus expired.

- Jon Stroup was initially appointed to the BHO Advisory Board on January 1, 2016 served to represent Kitsap County for the duration of the SBHO's operations. Mr. Stroup brings a wealth of knowledge and experience related to behavioral health services with a specific focus on youth and young adults. Mr. Stroup remains committed to serving his community and volunteered to continue serving on the SBH-ASO Advisory Board.
- Janet Nickolaus was also initially appointed to the BHO Advisory Board on January 1, 2016 served to represent Clallam County for the duration of the SBHO's operations. Ms. Nickolaus is a retired Psychiatric ARNP, having worked for 28 years in various settings such as emergency rooms, jails and within the Veteran's Affairs system. Ms. Nickolaus remains committed to serving her community and volunteered to continue serving on the SBH-ASO Advisory Board.

The Advisory Board unanimously recommended that the Executive Board reappoint Jon Stroup and Janet Nickolaus for another 1-year term (1/1/21 – 12/31/21)

Requested to approve Jon Stroup and Janet Nickolaus for 1-year reappointment term to the Salish BH-ASO Advisory Board.

MOTION: Commissioner Ozias moved to approve Reappointment of Advisory Board Members. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

➤ **REQUEST FOR PROPOSAL (RFP) FOR ADDITIONAL BLOCK GRANT ALLOCATION**

On January 6th, the Health Care Authority (HCA) convened a brief meeting with BH-ASOs to discuss the potential for additional Block Grant Funding, MHBG and SABG. This was a very preliminary conversation and did not include important details such as when the funds may be dispersed or the amount of funds. However, the HCA has asked BH-ASOs to begin planning for how these funds could be quickly utilized to provide behavioral health treatment and treatment supports.

At this point, it has been suggested that if these funds are appropriated to the HCA, they could possibly be contracted to BH-ASOs as soon as this summer. It is also quite possible that it could take HCA until late fall of 2021 to execute contracts. HCA also indicated that the amount of funds could be as much as BH-ASOs standard annual allocation. This could be as much as 1 million dollars for Salish BH-ASO.

HCA reports awaiting an award from SAMHSA “any day”. Upon receipt of the award letter, HCA has agreed to share funding and timeline details with BH-ASOs promptly. Staff anticipates needing to release an RFP to manage the subcontracting of these additional Block Grant Funds.

During the February 5th Advisory Board Meeting, this information was reviewed. Additionally, staff discussed the Needs Assessment and Community Priorities identified in 2020, as well as SBH-ASO service cuts over the past year. The Advisory Board agreed on RFP funding priorities and an RFP subcommittee was created. The Advisory Board unanimously agreed that the recommendations put forth by the RFP subcommittee would serve as the entire Board’s recommendations.

The approved Block Grant funding priorities are:

- Facility-based Crisis Stabilization
- Withdrawal Management Services
- Mental Health Outpatient Treatment
- Substance Use Disorder Outpatient Treatment
- Behavioral Health Recovery Supports and Transportation
- Behavioral Health Training

Staff intends to release the RFP within 30 days of receiving sufficient information from the HCA. Staff is seeking Executive Board approval to initiate subcontracts based upon the Advisory Board RFP Subcommittee’s recommendation.

Additional details as recently as Wednesday, March 17, 2021. The HCA reports that they received their award notification from SAMSHA and will be awarded \$35 million in substance abuse block grant with a third being allocated to ASO’s across the state. The HCA was also awarded \$19 million of mental health block grant and no percentage of allocation was indicated. ASO’s will have from March 2021 to March 2023 to fully expend these funds.

Reviewed that there appears to not be a significant impact on access to treatment due to the Blake decision, Drug court involved individuals often have Medicaid and could access treatment services through their Medicaid insurance.

Reviewed intention of when these funds will available to providers and anticipated contract periods. Requesting an effective date of September 1, 2021 through December 31, 2022, for a total of 15 months.

Executive Board requested an update on RFP recommendations via email if there wasn't an Executive Board Meeting prior to contracts being executed. This email would be informational only and not require action.

Identified that the behavioral health workforce is not included on the list of priorities and asked if we can add this to the listing of priorities. The contract from the HCA outlines how these funds must be used and there is not a lot of latitude for workforce development. The focus for block grants has been treatment focus. The hope is that in the future there will be opportunities to include workforce development.

MOTION: Commissioner Gelder moved to approve SBH-ASO staff to initiate contracts for Request for Proposal (RFP) for additional Block Grant Allocation with updated information prior to contract development. Commissioner Ozias seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **UNITED HEALTH CARE CONTRACT UPDATE**

At the January 15, 2021, Executive Board Meeting, staff presented a preliminary 6-month Medicaid budget. This was necessary due to protracted 2021 contract amendment negotiations with United Health Care (UHC). Throughout MCO negotiations, staff has requested the same compensation and terms from all IMC MCOs to equitably support the Regional Crisis System, Behavioral Health Ombuds, and Salish BH-ASO Administration expenses. Staff reached out to UHC Leadership in late January and ultimately HCA Leadership to assist with resolving a negotiating stalemate. On February 19th, UHC returned to virtual negotiating table and agreed to the terms that Salish initially requested in September 2020.

Upon completing negotiations with UHC, staff promptly began amending Medicaid Crisis Subcontracts to ensure the Regional Crisis System is adequately funded. All Medicaid Crisis Subcontracts, except, Volunteers of America's, will be amended retroactive to 10/1/20. VOA's amendment will be effective 1/1/21.

➤ **MCO RECONCILIATION UPDATE**

After lengthy discussions, both UHC and Amerigroup have agreed to forgo semi-annual reconciliation for calendar year 2020, even though the term remains in Salish's contract. This commitment has been provided in writing from both MCOs. Salish has begun the process of semi-annual reconciliation with Molina for January-June 2020.

For 2021, both UHC and Amerigroup agreed to removing the term of semi-annual reconciliation from their contract with Salish. The term of reconciliation remains in Salish's contract with Molina. However, with now having details of Molina's methodology, Salish has sufficient information to maintain proper crisis system funding without concerns of later having to repay funds already paid out to crisis subcontractors.

Request for feedback about Molina being an outlier from other MCO's. SBH-ASO accepted the terms as they were clear and would not put us at significant risk.

➤ **LEGISLATIVE UPDATE ON "988" BILL (2SHB 1477 & SB 5209)**

In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 which changes the national suicide prevention hotline number and Veterans crisis line number from 1-800-273-8255, to 9-8-8.

This change will go fully into effect on July 16, 2022. The ease of remembering the 9-8-8 number made this a welcome change across the U.S. This legislation passed by Congress permits states to add a tax to telecom bills to pay for expected increase in call volume associated with the change to 9-8-8. 9-8-8 calls can only be routed to call centers accredited by the National Suicide Prevention Lifeline (NSPL).

In January 2021, BH-ASOs learned of a HB 1182 & SB 5209 which seek to outline a plan for Washington State to implement the 9-8-8 change. The House Bill has subsequently been renumbered and is 2SHB 1477. Staff will review the apparent goals that 2SHB 1477 seeks to achieve as well as concerns shared by all BH-ASOs related to the structure of the bill and its implementation.

Request for data regarding what percentage of calls to the crisis calls are related to suicide versus other types of calls. Discussed that there are multiple lines currently accessible for these types of issues, such as Salish Regional Crisis line, Coffee Oasis, Lifeline, etc. to capture the proportion of calls that are related to suicide or danger to self.

Discussed the future of the use of this type of bill and if this is the system we are moving towards. There are a couple of challenges with the way in which it is currently written, specifically that the funding is bifurcated between the Department of Health and the Health Care Authority. The 988 call center hubs would be overseen by the Department of Health as they support the National Suicide Lifeline. There are concerns about the role of HCA and ASO's role in the future related to the crisis system as the HCA contracts the ASO crisis line services.

Request for the Secretary of the Department of Health could come to present on this topic. The bill is in a Senate hearing today and timeliness is important. The SBH-ASO could reach out and request they provide a presentation. Reviewed that the main purpose would be to define the HCA and ASO role.

➤ **OLYMPIC COMMUNITY OF HEALTH BEHAVIORAL HEALTH REPORT PRESENTATION**

Last Fall, the OCH volunteered to take the lead on creating a regional behavioral health report. The report aimed to:

- Provide an overview of the makeup of the Olympic Region and unique factors impacting behavioral health.

- Offer a current snapshot of the Olympic Region’s behavioral health prevalence.
- Outline current gaps and challenges faced by the Olympic Region.
- Describe actions the region has taken to support behavioral health needs and highlight creative approaches.
- Pinpoint specific opportunities and recommendations for future behavioral health support.

This report is a step towards better understanding the health of Clallam, Jefferson, and Kitsap Counties, and the sovereign Tribal nations within the region. Many collaborative and innovative projects are in the works across the region. There is much to gain from past and current successes, efforts, and partnerships. Supporting behavioral health needs is a large task to tackle, and together we can foster a region of healthy people and thriving communities.

Mel Melmed, Program Coordination with the Olympic Community of Health, will provide a brief presentation on the Behavioral Report which was released in February 2021.

PowerPoint presentation is available at https://ea40b83f-bff5-4a61-aa55-a97621e13e64.usrfiles.com/ugd/ea40b8_4348718198b743b88c9804f199a78c91.pdf.

➤ **EVIDENCE OF COMMUNITY HEALTH PLAN OF WASHINGTON (CHPW) ON 7/1/21**

At the end of January, the HCA reached out to Salish Staff to share information about their Leadership’s on-going conversations about allowing the Managed Care Organization, Community Health Plan of Washington (CHPW), to enter Salish region on 7/1/21. On January 29, 2021, Jason McGill, Assistant Director of HCA, attended the Salish IMC Leadership Forum to make this announcement and seek behavioral health provider feedback. On February 1, 2021, HCA initiated the readiness review process with CHPW for a 7/1/21 entrance into Salish Region. In February, Salish Staff began contract negotiations with CHPW and on March 3rd, CHPW and Salish agreed upon terms for a 7/1/21 contract, should CHPW be approved to enter the region.

CHPW Staff will join the Executive Board Meeting and provide an overview of Community Health Plan of Washington and their plan to return to Salish region for Apple Health Integrated Managed Care July 2021.

CHPW Attendees:

- Erin Hafer, VP Delivery & Health System Innovation and Community Partnerships
- Connie Mom-Chhing, Director of Integrated Managed Care
- Natalie Christopherson, Tribal Liaison

CHPW staff introduced themselves and provided professional background in the behavioral health system. CHPW presented a PowerPoint presentation. Noting that the HCA released an RFP to allow MCO’s to expand their service areas and gave CHPW an opportunity to demonstrate readiness to return to the Salish region in July 2020. Formed in 1992, CHPW only serves Washington state and is the only not for profit Medicaid Managed Care Plan in Washington State. CHPW has 20 federally qualified community health centers across Washington. Currently CHPW serves over 250,000 Apple Health IMC enrollees in Washington state, as well as Medicare Advantage plan for those dually eligible. Discussed Tribal Affairs, relationships with the American Indian Health Commission, and noted that CHPW does not require contracting or credentialing for Tribal entities.

CHPW will be attending the June 2021 SBH-ASO Advisory Board meeting.

➤ **BEHAVIORAL HEALTH ADVISORY BOARD UPDATE**

Lois Hoell discussed the SBH-ASO Advisory Board meeting in February. Reviewed Jon Stroup and Janet Nickolaus agreed to continue and appreciate the approval of the SBH-ASO Executive Board for their reappointments. Noted that elections occurred, Lois Hoell was extended as Chair, and Sandy Goodwick was elected as Vice Chair. Reviewed that the Tribal Representative for the SBH-ASO Board.

PUBLIC COMMENT

- Commissioner Greg Brotherton requested feedback on best practices or ethical considerations for staffing a Designated Crisis Responder (DCR) in the Jefferson County MHFRT Navigator grant RFP for the Sheriff's Department in Jefferson County.
 - Stephanie and Jolene recommended setting up a separate discussion due to the nuances of utilizing a DCR as they will need to be connected to the crisis behavioral health agency in Jefferson.
 - Commissioner Mark Ozias encouraged if there is any analysis or feedback regarding best practices regarding integration of behavioral health into law enforcement it would be appreciated.
- G'Nell Ashley, referenced the increase in potential for the block grant monies, will there be funding set aside for residential treatment for the population that is not being served?
 - Discussed that the priorities did not identify substance use disorder residential treatment but did identify withdrawal management was a priority.
 - No information regarding any additional withdrawal management beds or programs opening within Clallam County.
 - Recommended this topic for the Salish IMC Leadership Forum.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 11:03 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Colleen Bradley, PAVE
Commissioner Robert Gelder	Doug Washburn, Kitsap Human Services	G'Nell Ashley, Reflections
Theresa Lehman, Tribal Representative	Martiann Lewis, SBH-ASO Staff	Erin Hafer, VP of Delivery and Health System Innovation and Community Partnerships of CHPW
Celeste Schoenthaler, OCH Executive Director		Connie Mom-Chhing, Director for Integrated Managed Care of CHPW

<i>None Excused.</i>		Natalie Christopherson, CHPW Tribal Liaison

NOTE: These meeting notes are not verbatim.

**INTERLOCAL AGREEMENT
for the
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION**

ARTICLE I. PURPOSE OF AGREEMENT

The undersigned parties hereby establish a Behavioral Health Administrative Services Organization (“BHASO”) for the purpose of contracting with the Washington State Health Care Authority (HCA) to administer behavioral health services and programs under section 1046 of E2SSB 5432 including crisis services and administration of chapter 71.05, 71.24.100, RCW, the involuntary treatment act, for all individuals in the regional service area established under 74.09.870 RCW.

ARTICLE II. MEMBERSHIP

This organization shall be named the Salish Behavioral Health Administrative Services Organization and shall consist of the following parties:

KITSAP COUNTY
Kitsap County Courthouse
614 Division Street
Port Orchard, Washington 98366

CLALLAM COUNTY
Clallam County Courthouse
223 East Fourth Street
Port Angeles, Washington 98362

JEFFERSON COUNTY
Jefferson County Courthouse
Jefferson and Cass Streets
Port Townsend, Washington 98368

JAMESTOWN S'KLALLAM TRIBE
1033 Old Blyn Hwy.
Sequim, WA 98382

ARTICLE III. AREA TO BE SERVED

The regional service area established under 74.09.870 RCW shall consist of:

- A.** Kitsap County – 392.70 square miles
- B.** Clallam County – 1,752.50 square miles
- C.** Jefferson County – 1,805.20 square miles

ARTICLE IV. CERTIFICATION OF AUTHORITY

Parties, by signatures, certify that they possess full legal authority, as provided by federal, state, tribal and local statutes, charters, codes or ordinances, to enter into this agreement.

ARTICLE V. POWERS, FUNCTIONS AND RESPONSIBILITIES OF BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

The BHASO shall exercise such powers, functions, and responsibilities as necessary to administer behavioral health services and programs under section 1046 of E2SSB 5432 including crisis services and administration of chapter 71.05, 71.24.100, RCW, the involuntary treatment act and related regulations for all individuals in the regional service area established under 74.09.870 RCW.

ARTICLE VI. BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION BOARD

There shall be a BHASO Board (“Board”), which shall constitute the executive body of the Salish BHASO. The Board shall exercise all executive powers, functions, and responsibilities necessary for conducting the BHASO, except those expressly delegated by the Board to their contractors, subcontractors, grantees, subgrantees, agencies, organizations, or individuals, for all activities established pursuant to chapters 71.05 and 71.24 RCW and regulations promulgated thereto. The Board may establish bylaws as necessary for conducting its meetings.

- A. Membership:** The Board shall be composed of one elected commissioner from each of the three aforementioned counties (with a specific commissioner as alternate member for each county) and one elected tribal official representing the various tribes in the three counties. There shall be a total of four voting members.
- B. Voting:** Each voting member of the Board shall have one vote. All decisions of the Board shall be made by no less than a majority vote at a meeting where a quorum is present.
- C. Quorum:** A quorum shall consist of a total of not less than three members representing three of the four voting parties to this Agreement.
- D. Chair and, Vice-Chair, ~~Second Vice-Chair and Third Vice-Chair:~~** Annually, the Board shall elect a Chair and, a Vice-Chair, ~~a Second Vice-Chair and a Third Vice-Chair~~ by majority vote. Officers of the Board shall be composed of one elected member from each county and from the tribe

serving as the Tribal Liaison, and officers shall rotate annually through ascension unless otherwise agreed.

- E. Meetings:** The Board shall meet at such times and places as determined by the Board. In the absence of the Chair, the Vice-Chair shall preside over meetings. ~~In the absence of the Chair and Vice-Chair, the Second Vice-Chair shall preside over meetings. In the absence of the Chair, Vice-Chair, and Second Vice-Chair, the Third Vice-Chair shall preside over meetings. In the absence of the Chairman, Vice-Chair, Second Vice-Chair and Third Vice-Chair, a Chair pro tem shall be elected by a majority of the members present to preside for that meeting only.~~
- F. Powers, Functions, and Responsibilities:** The Board's powers, functions, and responsibilities (either jointly with the counties and participating tribes or independently) include, but are not limited to:
- (1) Establishing, policies, priorities, goals, and objectives of the BHASO and the programs and services to be operated by the BHASO in cooperation with the agencies, entities or individuals providing or implementing the programs and services.
 - (2) Establishing and implementing policies and procedures for planning, administering, monitoring, and evaluating programs and services.
 - (3) Overseeing the implementation and enforcement of quality assurance policies.
 - (4) Establishing and overseeing financial management policies and procedures in order to prevent financial harm to the BHASO and its constituent entities – for example, insolvent contractors and cost-overruns.
 - (5) Reviewing and approving comprehensive plans and modifications thereto.
 - (6) Approving applications for funds to be submitted and all contracts and agreements related thereto with the Washington State Health Care Authority and other departments and agencies of state, local or participating tribal governments, as may be required.
 - (7) Undertaking such other functions as may be deemed appropriate for the discharge of the BHASO's duties and responsibilities under law and regulations.
 - (8) Delegating such functions and responsibilities, along with adequate funding, to agencies, individuals or committees, as deemed appropriate for effective administration.
 - (9) Approving all BHASO-wide grants, subgrants, contracts and agreements relating to the expenditure of behavioral health services funding received from the state.

- (10) Taking no action that would in any way limit service agencies from applying for and receiving grants from outside sources which are designed to enhance their ability to provide local services, except to the extent required or authorized by law or contract.

G. Conflicts of Interest:

- (1) Each member of the Board must be free from conflicts of interest and from any appearance of conflicts of interest between personal, professional and fiduciary interests. Members of the Board must act within the best interests of the BHASO and the consumers served.
- (2) If a conflict of interest, or the appearance of a conflict of interest, becomes evident, the Board member shall announce the conflict and refrain from discussion and voting on that issue.
- (3) If a conflict of interest, or the appearance of a conflict of interest, becomes evident, the Board may assign the matter to others, such as an alternate commissioner from his or her jurisdiction who does not have a conflict of interest.

ARTICLE VII. GRANT RECIPIENT AND ADMINISTRATIVE ENTITY

The Kitsap County Board of Commissioners is designated as the grant recipient and administrative entity of the BHASO, and shall exercise such duties and responsibilities as set forth in this Agreement, chapters 71.05 and 71.24 RCW, and other applicable law and rules. This includes authority to:

- A.** Receive and disburse funds in accordance with grant agreements and contracts with the State of Washington, to include the execution of all contracts. Funds shall be administered in adherence with applicable law and any policies or regulations established by the financial administrator (Kitsap County) for the BHASO.
- B.** Carry out all necessary functions for operation of the program including, but not limited to:
 - (1) Executing grants, subgrants, contracts, and other necessary agreements as authorized by the Board, as necessary to carry out BHASO functions.
 - (2) Employing administrative staff to assist in administering the programs authorized by the Board.
 - (3) Organizing staffing and hiring qualified persons for that staffing, as authorized by the Board.
 - (4) Developing procedures for program planning, operating, assessment and fiscal management, evaluating program

performance, initiating any necessary corrective action for subgrantees and subcontractors, determining whether there is a need to reallocate resources, as directed by the Board, and modifying grants, consistent with goals and policies developed by the Board.

- C. Subcontract to the signatory parties such functions as may be deemed appropriate by the Board. This may include planning and providing services directly or subcontracting for local services within the parties' funding allocations.

ARTICLE VIII. ALLOCATION OF FUNDS

All funds granted to the BHASO pursuant to chapters 71.05 and 71.24 RCW or other provision of law shall be allocated and expended among participating counties and tribes for programs and services for which they are intended, according to federal, state, and tribal formulas, approved plans, grants, and all pertinent laws and rules.

Funds currently received by each county, or providers located in each county, shall be allocated by the BHASO for services within that county. Millage, mental health sales tax, current expense contributions to mental health programs by county government, and the Involuntary Treatment Act ("ITA") maintenance of effort funds shall be retained by each county and dispensed by the Board of Commissioners thereof; provided, however, that current ITA maintenance of effort funds must continue to be appropriated for ITA services.

New funds which become available as a result of attaining BHASO status shall, after review of state guidelines, be allocated by the Board to fund programs in each of the three counties. However, by majority vote, the Board may redirect funds for region-wide services, to fund particular programs in individual counties, or to prioritize access to behavioral health services for citizens residing within the Salish BHASO region.

ARTICLE IX. LIABILITY, INDEMNIFICATION AND INSURANCE

- A. **Sovereign Immunity:** Each party to this Agreement consents to a limited waiver of sovereign immunity for enforcement of the provisions of this Agreement, and this Agreement only, against it by any other party or parties to this Agreement. For this purpose only, each party consents to the personal jurisdiction of the Tribal Courts and the courts of competent subject matter jurisdiction of the State of Washington.
- B. **Joint and Several Liability for Contract Oversight:** Each party to this Agreement is responsible for overseeing the operations of the BHASO to provide services under chapters 71.24 RCW and other applicable law and rules. The parties shall be jointly and severally liable for debts, liabilities and obligations incurred by the BHASO which arise under chapters 71.05

and 71.24 RCW and other applicable law and rules, and with respect to the grants, contracts, or agreements administered pursuant hereto.

- C. Indemnification:** Each party to this Agreement agrees to defend and indemnify the other parties and their elected and appointed officials, officers and employees against all claims, losses, damages, suits, and expenses, including reasonable attorneys' fees and costs, to the extent they arise out of, or result from, the negligent performance of this Agreement by the indemnitor or its elected or appointed officials, officers and employees. The indemnitor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington solely for the purposes of this provision and acknowledges that this waiver was mutually negotiated. This provision shall survive the expiration or termination of this Agreement.
- D. Purchase of Independent Insurance:** Kitsap County, as the administrative entity, shall obtain and maintain throughout the term of this Agreement, general liability and professional liability or malpractice (errors and omissions) insurance coverage in the total amount of not less than \$1,000,000 per occurrence for any acts or omissions occurring in behalf of, or related to, the member or BHASO's actions or responsibilities relating to the provision of services under this Agreement. Each party to this Agreement shall be a named insured under the policy. This coverage shall be the primary coverage in order to shield the individual interests of each party to this Agreement related to the provision of services, whether administrative or contractual, covered by this Agreement.
- E. Extended Coverage:** If the professional liability insurance policy to be purchased and maintained by Kitsap County and described above is issued on a "Claims-Made" basis, then each policy must have a Retroactive Date of, or prior to, the effective date of this Agreement. Furthermore, for each such "Claims-Made" policy purchased and maintained by Kitsap County, a Supplemental Extended Reporting Period ("SERP") shall be purchased, with an Extended Reporting Period of not less than three years. In the event the Claims-Made policy is cancelled, non-renewed, switched to an Occurrence form, retroactive date advanced or there is any other event triggering the right to purchase a SERP policy during the term of this Agreement, then Kitsap County agrees its insurance obligation shall survive the completion or termination of the term of this Agreement for a minimum of three years.
- F. Miscellaneous:** The BHASO shall assure the coverage applies to claims after termination or expiration of the Agreement that relate to services pursuant to this Agreement and any other agreements of the BHASO. The BHASO shall be solely responsible for any premiums or deductible

amounts required under such policies; such costs or normal business expenses are to be paid out of BHASO funds. Evidence of such insurance shall be promptly provided to any member upon its written request. BHASO shall not permit any such policy to lapse without first providing each member at least thirty calendar days' written notice of its intention to allow the policy to lapse. Each Board member shall be a covered insured for any and all official acts performed by such individual under this Agreement.

- G. Other Insurance Non-Contributory:** Any coverage for third party liability provided by any Memorandum of Coverage or program of joint self-insurance provided to Jefferson and/or Clallam counties by a chapter 48.62 RCW Risk Pool shall be non-contributory to the insurance otherwise mandated by this section and the insurance otherwise mandated by this section shall be deemed primary for all claims, demands, actions, or lawsuits generated against the BHASO or the parties to this Agreement.

ARTICLE X. EFFECTIVE DATE AND DURATION AND AMENDMENT

- A. Effective Date and Duration:** This Agreement shall take effect upon the date of its full execution and shall expire December 31, 2023³⁴, unless extended in writing by the parties hereto.
- B. Amendment:** This Agreement may be amended from time to time in accordance with the written agreement of all of the parties hereto.

ARTICLE XI. PARTY'S RIGHT TO WITHDRAW FROM BHASO

- A. Right to Withdraw; Prior Notice Required:** Any party to this Agreement may withdraw from the BHASO and terminate its participation under this Agreement at any time, subject to the survival of any duty, obligation or liability it incurred prior to the effective date of termination; and provided that (a) the terminating party provides written notification to each of the other parties of the terminating party's intention to withdraw at least 120 days prior to the proposed effective date of such termination and (b) such notification is received at least 120 days prior to the expiration of the current fiscal grant year period.
- B. Return of Funds:** In the event that a party withdraws from the BHASO, such funds which are budgeted for services in that party's jurisdiction shall be deleted from the BHASO budget through contract amendment. These funds shall be returned to the Washington State Health Care Authority which shall then become responsible for service delivery in that jurisdiction.

- C. Access to Services:** If a party withdraws from the BHASO after a BHASO-wide service is established within that party's jurisdiction, such service shall be made available to the remaining parties on a contractual basis. If such service is located within the jurisdiction of remaining parties, it shall be made available to the withdrawn party on a contractual basis.

- D. Disposal of Fixed Assets:** If a party withdraws from the BHASO, such fixed assets of the BHASO as may be located within that jurisdiction shall be returned to the BHASO for use, while fixed assets not purchased with BHASO funds shall vest with the withdrawing party.

ARTICLE XII. DISPOSITION OF ASSETS UPON DISSOLUTION OF BHASO

In the event of dissolution of the entire BHASO, ownership of such fixed assets as may have been purchased with State funds shall revert to the State.

We, the undersigned, do hereby approve this Agreement and the terms and conditions contained herein, represent that we have the authority to enter into this Agreement and to perform all activities and functions contemplated herein, and do hereby undertake to conduct this BHASO for providing community behavioral health services in Kitsap, Clallam, and Jefferson counties and in tribal jurisdictions within those counties, all in accordance with applicable law and rules.

SBH-ASO Non-Medicaid Revenue - Calendar Year 2021			
	January 2021	July 2021 Update	Comments
State (GFS)	\$4,084,320.00	\$4,141,533.00	
Mental Health Block Grant (MHBG)	\$329,354.00	\$329,354.00	
Substance Abuse Block Grant (SABG)	\$1,209,622.00	\$1,209,622.00	
Designated Marijuana Account (DMA)	\$226,560.00	\$226,560.00	
Criminal Justice Treatment Account (CJTA)	\$261,804.00	\$261,804.00	
State Drug Court (CJTA)	\$210,876.00	\$210,876.00	
CJTA Therapeutic Courts	\$227,700.00	\$227,700.00	
Secure Detox	\$101,592.00	\$101,592.00	
Jail Services	\$114,732.00	\$114,732.00	
5480- ITA non-Medicaid	\$163,260.00	\$163,260.00	
PACT	\$138,996.00	\$138,996.00	
Detention Decision Review	\$27,492.00	\$27,492.00	
Long-term Civil Commitment	\$6,444.00	\$6,444.00	
Trueblood Misdemeanor Diversion	\$131,280.00	\$131,280.00	
Assisted Outpatient Treatment (AOT)	\$61,764.00	\$61,764.00	
Crisis Triage/Stabilization	\$506,460.00	\$476,230.00	
Behavioral Health Advisory Board	\$39,996.00	\$39,996.00	
Ombuds	\$45,000.00	\$45,000.00	
E&T Discharge Planners	\$143,058.00	\$125,176.00	
Family Youth System Parent Round Table (FYSPRT)	\$75,000.00	\$75,000.00	
Peer Bridger	\$160,000.00	\$160,000.00	
ASO Enhancement Funds	\$219,912.00	\$224,908.00	
HCA HARPS	\$750,000.00	\$770,220.00	
Commerce HARPS (CBRA)	\$104,540.00	\$426,453.50	
HCA Emergency COVID Grant	\$140,000.00	\$268,500.00	A second round of funding included in amendment.
Blake 5476 Lead Administrator	\$0.00	\$70,000.00	New funding for BH-ASO FTE for SUD Navigator Program
		\$10,034,492.50	
<i>ITALICIZED REVENUE BELOW IS TO BE UTILIZED THROUGH MARCH 2023</i>			
<i>MHBG COVID Crisis Services</i>	<i>\$0.00</i>	<i>\$67,010.00</i>	<i>SBH-ASO developing plan for 2022 implementation</i>
<i>MHBG COVID Services non-Medicaid Individuals</i>	<i>\$0.00</i>	<i>\$306,193.00</i>	<i>Mostly allocated to RFP released on 7/6/21</i>
<i>MHBG COVID Peer Pathfinders from Incarceration Pilot</i>	<i>\$0.00</i>	<i>\$71,000.00</i>	<i>SBH-ASO developing plan for 2022 implementation</i>
<i>SABG COVID Peer Pathfinders from Incarceration Pilot</i>	<i>\$0.00</i>	<i>\$71,000.00</i>	<i>SBH-ASO developing plan for 2022 implementation</i>
<i>SABG COVID Services non-Medicaid Individuals</i>	<i>\$0.00</i>	<i>\$644,998.00</i>	<i>Mostly allocated to RFP released on 7/6/21</i>
Total Non-Medicaid Revenue	\$9,479,762	\$11,194,693.50	

Summary of Non-Medicaid Expenditures - January 1 - December 31, 2021		
	EB Approved 01/21	07/21 Update
Crisis Line	\$200,000.00	\$202,000.00
Crisis Response/Mobile Outreach	\$1,854,000.00	\$1,872,540.00
Total Crisis	\$2,054,000.00	\$2,074,540.00
Involuntary Psychiatric Inpatient	\$3,046,544.00	\$3,026,004.00
ITA Secure Withdrawal Management and Stabilization	\$257,652.00	\$257,652.00
ITA Court Costs	\$300,000.00	\$300,000.00
LRA/CR Outpatient Monitoring	\$38,400.00	\$38,400.00
Total Involuntary	\$3,642,596.00	\$3,622,056.00
SUD Outpatient (Adults and Youth)	\$125,560.00	\$125,560.00
Total Outpatient	\$125,560.00	\$125,560.00
PPW Childcare	\$70,000.00	\$70,000.00
PPW Housing Support	\$50,000.00	\$50,000.00
Transportation	\$6,000.00	\$6,000.00
SUD Recovery Supports	\$126,000.00	\$126,000.00
CJTA	\$700,380.00	\$700,380.00
E&T Discharge Planners	\$143,058.00	\$125,176.00
Peer Bridger	\$160,000.00	\$160,000.00
ASO Enhancement Payments	\$219,912.00	\$224,908.00
PACT	\$138,996.00	\$138,996.00
Jail Services	\$114,732.00	\$114,732.00
Behavioral Health Advisory Board	\$4,996.00	\$4,996.00
Community Education/Training	\$5,000.00	\$5,000.00
FYSPRT	\$15,000.00	\$15,000.00
OMBUDS	\$50,000.00	\$50,000.00
Interpreter Services	\$2,000.00	\$2,000.00
HARPS Services/Housing Subsidies	\$824,540	\$1,174,794
Emergency COVID Subcontract	\$140,000	\$254,500
Total Miscellaenous	\$2,518,614.00	\$2,970,482.00
BH-ASO Administration	\$556,339.00	\$583,322.00
BH-ASO Direct Support	\$331,653.00	\$331,653.00
Other Operations Supporting Deliverables Based Contracts	\$125,000.00	\$200,880.00
BH-ASO Operations	\$1,012,992.00	\$1,115,855.00
Total Expenditures	\$9,479,762.00	\$10,034,493.00

Summary of Policy and Procedure Changes for Executive Board Approval

Chapter	Number	Title	Description of Updates
Administration	AD101	Policy Development and Review	<u>6/18/2021</u> 1. Added language keeping records of training participants 2. The addition of language to "Document Review/Revision" section of procedure to clarify that policies or procedures may also be revised to HCA Corrective Action. 3. Lastly, the role of SBH-ASO Administrator was in P&P assignment, development and approval was clarified.
Administration	AD102	Provider Network Selection and Management	<u>1/4/2021 REVISION:</u> 1. Updated Policy Name 2. Clarified and expanded self-directed remediation section
Administration	AD105	Customer Service	<u>1/20/2021 REVISION:</u> 1. Re-organized procedure for increased clarity and readability 2. Updated language to align with 2021 HCA contract 3. Updated and expanded monitoring section of P&P
Clinical	CL205	Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order	<u>2/3/2021 REVISION:</u> 1. Updated language to align with other Policies 2. Added additional language around reporting and monitoring specifications
Compliance	CP301	Compliance and Program Integrity	<u>4/8/2021 REVISION</u> 1. Clarified Compliance Officer duties 2. Updated to align with contract language 3. Moved FWA reporting language to CP303
Compliance	CP303	Fraud, Waste, and Abuse Compliance Reporting Standards	<u>4/8/2021 REVISION:</u> 1. Updated to align with contract 2. Language moved from CP301 regarding reporting FWA 3. Removed duplicate language already in CP301 4. Clarified Compliance Officer duties
Quality Management	QM701	Quality Management Plan	<u>4/8/2021 REVISION:</u> 1. Complete rewrite of policy to focus on crisis services as the primary SBH-ASO service modality.
Utilization Management	UM802	Notice Requirements	<u>2/23/2021 REVISION:</u> 1. Updated Notice requirements language to align with 2021 HCA contract 3. Added requirements for Notices that include Adverse Authorization Determination decisions
Utilization Management	UM803	Authorization for Payment of Psychiatric Inpatient Services	<u>6/18/2021</u> 1. Added language about Single Bed Certs
Privacy & Security	PS908	Workstation and Portable Computer Use	Created policy.
Privacy & Security	PS909	Protected Health Information Email and Internet Security	Created policy.
Privacy & Security	PS910	Password Protection Procedure	Created policy.
Privacy & Security	PS911	Administrative Requirements Documentation	Created policy.



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

Reviewed Date: 4/16/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020

PURPOSE

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

POLICY

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

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

PROCEDURE

Document Development

1. SBH-ASO policies and procedures will use a consistent format.
2. SBH-ASO policies and procedures will:
 - a. 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 Administrator.
4. The SBH-ASO Administrator will assign the policy to SBH-ASO staff with subject matter expertise. Upon completion, the assigned SBH-ASO staff will provide the Policy and Procedure Committee with the policy.
5. The Policy and Procedure Committee is comprised of SBH-ASO Staff responsible for the development, review, and recommendation of SBH-ASO policies and procedures to the Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will forward it to designated staff for upload to the SBH-ASO website.

Document Review/Revision

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

Policy Name: PROVIDER NETWORK SELECTION AND MANAGEMENT **Policy Number:** AD102

Effective Date: 1/01/2020;

Revision Dates: 2/19/2020; 1/14/2021

Reviewed Date: 5/02/2019; 8/29/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020

PURPOSE

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

POLICY

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

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

PROCEDURE

Network Selection and Capacity Management

1. SBH-ASO follows uniform credentialing and re-credentialing processes which include the completion of provider credentialing prior to contract execution and recredentialing at least every 36 months.
2. SBH-ASO will not select or contract with provider network applicants that are excluded from participation in Medicare, Medicaid, and all other federal or Washington State health care programs.
3. SBH-ASO will not discriminate, with respect to participation, reimbursement or indemnification, against providers practicing within their licensed scope solely on the basis of the type of license or certification they hold. However, SBH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties.
4. If SBH-ASO declines to include an individual or group of providers in its network, written notice of the reason for its decision shall be provided.
5. SBH-ASO will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
6. SBH-ASO selects and retains providers based on their ability to meet the clinical and service needs, as well as the service area need to support the population of individuals that SBH-ASO is to serve. If applicable, this includes the ability to provide crisis services twenty-four (24) hours a day, seven (7) days a week. SBH-ASO shall consider the following in the selection and retention of its network:
 - a. Expected utilization of services
 - b. Characteristics and health needs of the population
 - c. Number and type of providers able to furnish services
 - d. Geographic location of providers and individuals, including distance, travel time, means of transportation and whether a location is American with Disabilities Act (ADA) accessible
 - e. Anticipated needs of priority populations listed in contract
 - f. SBH-ASO's available resources
7. SBH-ASO maintains a crisis network with enough capacity to serve the regional service area (RSA) to included, at a minimum, the following:
 - a. Designated Crisis Responders (DCR)
 - b. Evaluation and Treatment (E&T) capacity to service the RSA's non-Medicaid population
 - c. Psychiatric and Substance Use Disorder involuntary inpatient beds to serve the RSA's non-Medicaid population
 - d. Staff to provide mobile crisis outreach in the RSA
8. SBH-ASO shall have a non-crisis behavioral health network with capacity to serve the RSA's non-Medicaid populations, within available resources.
9. Within available resources, SBH-ASO will establish and maintain contracts with office-based opioid treatment providers that have obtained a waiver under the Drug Addiction Treatment Act of 2000 to practices medication-assisted opioid addiction therapy.

Network Management

1. SBH-ASO Staff, and Subcontractors are trained at the time of orientation and periodically to understand and effectively communicate the services and supports that comprise the region-wide behavioral health system of care.
 - a. Integrated Provider Network Meetings are conducted at least quarterly to ensure on-going communications with subcontractors. Issues for the agenda may include, but are not limited to: contract requirements, program changes, Best Practice updates, quality of care, quality improved activities, performance indicators, and updates to state and federal regulations and requirements.
 - b. SBH-ASO provides performance data and member experience data upon request.
2. SBH-ASO contract language clearly specifies expected standards of performance and the indicators used to monitor subcontractor performance. SBH-ASO collaborates with its provider network in implementing performance improvements.
3. SBH-ASO is committed to maintaining a provider network that is reflective of the geographic, demographic and cultural characteristics of the Salish RSA.
4. SBH-ASO requires its provider network to offer hours of operation and accessibility for individuals that are no less than those offered to any other client.

Network Evaluation and Monitoring

1. Provider Network and Subcontractor evaluation and monitoring is accomplished by:
 - a. Performing reviews per HCA and MCO contract requirements for all its subcontractors. By contract, subcontractors agree to cooperate with SBH-ASO in the evaluation of performance, and to make available all information reasonably required by any such evaluation process. Subcontractors shall provide access to their facilities and the records documenting contract performance, for purpose of audits, investigations, and for the identification and recovery of overpayments within thirty (30) calendar days.
 - i. When a need for corrective action is identified during such reviews, subcontractors will address areas of non-compliance via their quality improvement processes and will provide evidence of sustained improvement.
 - ii. SBH-ASO will review findings for trends requiring system level intervention and report such findings to the Salish Leadership Team, Quality Assurance and Compliance Committee (QACC) and the SBH-ASO Executive Board for Action.
 - b. Determining contract renewals based on compliance with contract requirements. Additionally, SBH-ASO reviews corrective actions, utilization data, critical incident reports, handling of grievances and financial audits.
 - c. Retaining and exercising the right to terminate a contract if the subcontractor has violated any law, regulation, rule or ordinance applicable to services provided under contract, or if continuance of the contract poses material risk of injury or harm to any person. Denial of

licensure renewal or suspension or revocation will be considered grounds for termination in accordance with the contract term.

- i. In the event of a subcontractor termination, a notification shall occur, and the following will commence:
 1. If a subcontract is terminated or a site closure occurs with less than 90 calendar days, SBH-ASO shall notify the HCA as soon as possible.
 - a. If a subcontract is terminated or site closes unexpectedly, SBH-ASO shall submit a plan within seven (7) calendar days to HCA that includes:
 - i. Notification to Ombuds services and Individuals
 - ii. Provision of uninterrupted services
 - iii. Any information released to the media

2. SBH-ASO retains documentation of all subcontractor monitoring activities; and upon request by HCA, shall immediately make all audits and/or monitoring activities available to HCA.

Federal Block Grant Subcontractors

1. In addition to the procedures identified above, the following apply to subcontractors receiving Federal Block Grant Funds.
 - a. SBH-ASO ensures that its subcontractors receive an independent audit if the subcontractor expends a total of \$750,000 or more in federal awards from any and/or all sources in any state fiscal year.
 - b. SBH-ASO requires the subcontractors to submit the data collection form and reporting package as specified in 2 C.F.R. Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor within ten (10) business days of audit reports being completed and received by subcontractors.
 - c. SBH-ASO shall follow-up with any corrective actions for all subcontract audit findings in accordance with 2 C.F.R. Part 200, Subpart F.
 - d. SBH-ASO shall conduct and/or make arrangements for an annual fiscal review of each subcontractor receiving Federal Block Grant funds regardless of reimbursement methodology and shall provide HCA with documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure that:
 - i. Expenditures are accounted for by revenue source.
 - ii. No expenditures were made for items identified in the Payment and Sanctions section of the HCA-BHASO Contract.
 - iii. Expenditures are made only for the purposes stated in the HCA-BHASO Contract and the SBH-ASO/Subcontractor Contract.

Corrective Action

1. SBH-ASO evaluates delegate/subcontractor performance prior to imposing corrective action.
2. SBH-ASO monitors delegate/subcontractor activity on a consistent basis.
3. SBH-ASO evaluates available data on at least a quarterly basis, and as necessary.
4. If SBH-ASO determines that a delegate/subcontractor's performance is failing to meet contract requirements, corrective action may be initiated.
5. SBH-ASO shall allow delegate/subcontractor 30 calendar days from receipt of corrective action letter to submit a corrective action plan.
6. If the corrective action plan is accepted, the delegate/subcontractor shall have 60 days for implementation, with the exception of any situation that poses a threat to the health or safety of any person.
7. SBH-ASO subcontracts outline the general corrective action procedures.
8. SBH-ASO maintains an internal process for reporting and tracking corrective actions issued by SBH-ASO and corrective action plans submitted by delegates/subcontractors.
9. Delegate/Subcontractor failure to meet measurements of corrective actions may include additional remediation up to and including the termination of contract.

Self-directed Remediation

1. Any issues directly involving SBH-ASO that are determined to not be meeting policy or contractual benchmarks will be remediated under the auspices of the SBH-ASO Leadership Team.
 - a. Remediation may be accomplished through staff training, supervisory oversight and/or personnel action as indicated.
2. All remediation processes are reported to the QACC by SBH-ASO Leadership Team.
3. The SBH-ASO Leadership Team will determine the final action to be taken while considering recommendations given by QACC.
4. Outcomes will be reported to QACC recorded in QACC meeting minutes.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CUSTOMER SERVICE

Policy Number: AD105

Effective Date: 1/1/2020

Revision Dates: 1/20/21

Reviewed Date: 4/16/2019

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

PURPOSE

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

POLICY

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

PROCEDURE

1. Customer Service:
 - A. The SBH-ASO provides a single toll-free number for Individuals to call regarding services, at its expense, which is a separate and distinct number from the SBH-ASO's Toll-Free 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 work days for state employees.
 - SBH-ASO shall report to HCA by December 1 of each year its scheduled non-business days for the upcoming calendar year.
 - SBH-ASO will notify HCA five (5) business days in advance of any non-scheduled closure during scheduled business days, except in the

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

- C. SBH-ASO assures that interpreter services are provided for Individuals with a preferred language other than English, free of charge. This includes the provision of interpreters for Individuals who are deaf or hearing impaired, including American Sign Language (ASL), and TDD/TTY services.
 - D. SBH-ASO respectfully responds to individuals, family members, and stakeholders in a manner that resolves their inquiry politely, promptly, and with helpful attention.
2. SBH-ASO 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.
 - i. Staff are identified by name, role, and organization name when initiating or returning calls including those regarding UM issues.
 - ii. Staff has access to Interpreter and TDD/TTY services to assist with callers who need them.
 - B. Staff have the ability to receive inbound communication regarding UM after normal business hours.
 - iii. .
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 with access to qualified clinicians without placing the Individual on hold.
 5. SBHASO 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 Call Log. The SBHASO Call 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. Call Log reports may be provided to the Health Care Authority for review upon request.
 7. SBH-ASO phone system provides data on time to answer the call with a live voice and abandoned calls.

MONITORING

SBH-ASO Leadership Team shall review Customer Service logs quarterly to ensure:

1. At least 90% of customer service calls are being answered with a live voice during open hours within 30 seconds,
2. Customer services calls have an abandonment rate of 5% or less.
3. Any performance found to be below contract standards will be brought to the Internal Quality Committee (IQC) and Quality Assurance and Compliance Committee (QACC) for Corrective Action recommendations to the SBH-ASO Leadership Team..
4. Any corrective actions required will be determined and monitored by SBH-ASO Leadership Team. Corrective actions may be process and/or staff related.

Monitoring of internal customer service line will be achieved by monitoring of monthly reports and call samples by the SBHASO Clinical Director.



SALISH BH-ASO POLICIES AND PROCEDURES

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

Policy Number: CL205

Effective Date: 1/1/2020

Revision Dates: 2/3/2021

Reviewed Date: 7/30/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

POLICY

To provide monitoring for Salish Behavioral Health Administrative Services Organization (SBH-ASO) eligible non-Medicaid individuals referred for services in accordance with Civil Conditional Releases (CR), Less Restrictive Orders (LRO), or Assisted Outpatient Treatment (AOT) guidelines.

SBH-ASO offers behavioral health services to Individuals on LRO or AOT who are ineligible for Medicaid to ensure LRA requirements, within available resources.

SBH-ASO eligible non-Medicaid individuals on a CR will be provided behavioral health services to ensure compliance with conditional release requirements.

Less restrictive alternative treatment, that is monitored, includes, at a minimum, the following:

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

(f) An individual crisis plan

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

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

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

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

PROCEDURE

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

9. A Provider assigned to monitor an enrolled individual on a CR/LRO/AOT may not discharge the individual from behavioral health services while on the CR/LRO/AOT.

REVOCATION OF LR/CR ORDERS

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

COORDINATION OF CARE

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

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



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

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

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

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

General Requirements

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. Developing effective lines of communication and screening.
4. Conducting effective training and education.
5. Conducting internal monitoring and auditing.
6. Enforcing standards through well-publicized disciplinary guidelines.
7. Responding promptly to detected offenses and undertaking corrective action.

PROCEDURE

I. Compliance Officer and Committee:

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

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

1. The CO has direct access to the Executive Board.
- B. The CO routinely provides information to the Quality and Compliance Committee (QACC), as well as to the Behavioral Health Advisory Board (BHAB) and Executive Board, as needed.
 1. The QACC is comprised of representatives from the SBH-ASO lead staff, which includes representatives from IS, Quality/Compliance, Medical/Clinical, and Finance (as needed).
 2. The CO maintains independence by always having:
 - i. Direct supervision from the SBH-ASO Deputy Administrator.
 - ii. The right to directly meet with the Executive Board independently if the circumstances warrant (e.g., in case of QACC or Administrator inaction).
 3. In consultation with the QACC, the CO may revise the Compliance and Program Integrity Plan (“the Plan”), as appropriate, and as approved by the Executive Board.
 - a. The Plan will be made available through its posting on the SBH-ASO website.
- C. The CO duties include the following:
 1. To oversee and monitor SBH-ASO compliance activities. This includes maintaining ongoing communication and interactions with the SBH-ASO Leadership Team for the promotion of an environment and culture that prevents and detects FWA.
 2. To assist the SBH-ASO Administrator, the QACC, and the Executive Board in establishing and maintaining a methodology for preventing and detecting FWA, including (but not limited to):
 - i. Creating, updating, and utilizing a risk assessment methodology;
 - a. This methodology will be reviewed with the QACC at least annually in reference to its applicability and need for revision.
 - ii. Incorporating compliance monitoring into the audits completed on provider agencies.
 - iii. Assuring that focus is given to the highest volume/highest risk providers.
 - iv. Addressing audit findings (internal or external) pertinent to the SBH-ASO.
 - v. Assisting with the regular provision of FWA training to SBH-ASO Staff and the Executive Board.
 - vi. Ensuring training is provided to the SBH-ASO Provider Network.
 3. To report at least quarterly to the QACC, and annually to the Executive Board, on the implementation of the Plan.

4. To annually review the Plan and recommend revisions to the QACC and the Executive Board as necessary.
5. To coordinate internal auditing and monitoring activities within the SBH-ASO.
 - 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 immediate feedback to the appropriate parties regarding the findings and need for interventions.
6. To receive and investigate reports of possible violations of this SBH-ASO policy.
 - i. To promptly respond to detected violations.
7. To participate in the development of policies and programs that encourage employees and providers to report suspected violations of this policy without fear of retaliation.
8. To identify areas where corrective actions are needed and, in consultation with the QACC, develop strategies to improve compliance and prevent future incidents of noncompliance.
 - i. This may include, as necessary, the implementation of SBH-ASO employee disciplinary action that is uniformly applied and delivered fairly (documented appropriately in the employee's compliance file and personnel file, when appropriate).
9. As a part of the ongoing monitoring and auditing of the policy, the CO, in cooperation with the QACC, establishes mechanisms to notify employees and providers of changes in laws, regulations, or policies, as necessary, to assure continued compliance.
 - i. This may include updating SBH-ASO and provider educational materials and ensuring that persons associated with the SBH-ASO complete required annual training on FWA prevention and reporting.

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

- A. The Executive Board, Administrator, and CO will develop and maintain policies and procedures that address the SBH-ASO's Compliance activities.
- B. The CO will review the Plan annually (at a minimum) and update it to ensure that it continues to address all applicable federal and state compliance mandates.
- C. The CO will ensure that the Executive Board confirms any needed changes and that the updated policy is distributed to all SBH-ASO staff and persons associated with the SBH-ASO (including board members, volunteers, and 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.)

Information on Persons Convicted of Crimes

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

1. 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.

Fraud, Waste and Abuse

The SBH-ASO's Fraud, Waste and Abuse program 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 a mandatory compliance plan.
3. Standards of conduct that articulate SBH-ASO's commitment to comply with all applicable federal and state standards.
4. The designation of a Compliance Officer and a compliance committee that is accountable to senior management.
5. Training for all affected parties.
6. Effective lines of communication between the Compliance Officer and the SBH-ASO staff and 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 prompt response to detected violations, and for development of corrective action initiatives.
10. Provision of detailed information to staff and subcontractors regarding fraud and abuse policies and procedures, the False Claims Act, and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

The SBH-ASO has policies and procedures 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 Standards).

Federal Exclusion and Legal Status

The SBH-ASO does not willingly contract with nor retain any contractor or subcontractor who has been listed by a state or federal agency as debarred, excluded, or otherwise ineligible for federal or state program participation or whose license had been revoked or suspended. If either of these situations apply or if they become applicable, they must be reported to the SBH-ASO CO as soon as possible.

The 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.

Excluded provider verification is conducted at time of hire or appointment and every month thereafter. This applies to SBH-ASO staff as well as those who are employed by contractors and subcontractors. This verification is conducted through the following: the OIG's List of Excluded Individuals and Entities (LEIE) query, the System for Award Management (SAM) site, and the Health Care Authority (HCA) and Department of Social and Health Services' (DSHS) provider termination and exclusion lists site.

SBH-ASO subcontractors must provide to the SBH-ASO Deputy Administrator a monthly written attestation verifying the clear status of all staff using the above sources, including maintaining source document verification of checks. The SBH-ASO conducts monthly checks on all SBH-ASO staff and board members, network contractors and subcontractors and all individuals listed on the Disclosure of Ownership.

Reporting

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.

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

Records Requests

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

On-Site Inspections

The SBH-ASO or its subcontractor 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.

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

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

prosecution.

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

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



SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/1/2020

Revision Dates: 2/24/2020; 4/8/2021

Reviewed Date: 10/8/2019

Executive Board Approval Dates: 11/1/2019

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 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, Ilea 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@co.kitsap.wa.us
 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. Calling Office of Medicaid Eligibility and Policy (OMEP) at 360-725-0934 and leaving a detailed message
 7. Mailing a written complaint to:

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

REFERRING OF ALLEGATIONS OF POTENTIAL FRAUD AND INVOKING PROVIDER PAYMENT SUSPENSIONS

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

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

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 ten (10) 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 WAEligibilityfraud@hca.wa.gov;
 - Calling OMEP at 360-725-0934 and leaving a detailed message;
 - Mailing a written referral to:
Health Care Authority
Attn: OMEP
P.O. Box 45534

Olympia, WA 98504-5534

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

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

The SBH-ASO shall submit to HCA on occurrence a list of terminations report including Providers terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. The Salish BH-ASO shall send the report electronically to HCA at ProgramIntegrity@hca.wa.gov 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.



Policy Name: QUALITY MANAGEMENT PLAN

Policy Number: QM701

Effective Date: 1/1/2020

Revision Date(s): 3/5/2020; 4/8/2021

Reviewed Date: 7/16/2019

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

QUALITY MANAGEMENT SYSTEM OVERVIEW

The Salish Behavioral Health Administrative Services Organization's (SBH-ASO) Quality Management Plan (QMP) is a working document within the Quality Management Program (the Program) that describes the system and activities that guide quality assurance and improvement to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health services delivered within the three counties served by the SBH-ASO.

ELEMENTS OF THE QUALITY MANAGEMENT PROGRAM

Those We Serve

Any individual in the Salish three-county region, regardless of funding source, is eligible for crisis services. Crisis services include a 24-hour crisis line, mobile crisis outreach, and involuntary commitment services.

Within available resources, the SBH-ASO serves eligible non-Medicaid individuals who receive SBH-ASO services from any of our contracted Behavioral Health Agencies (BHAs) as well as those individuals who utilize crisis services.

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

Executive Board

The Executive Board is the main leadership and decision-making body of the SBH-ASO. The Executive Board authorizes the Program via its approval of this Plan, charging the Quality Assurance and Compliance Committee (QACC) with the responsibility of providing ongoing operational leadership of continuous quality improvement activities at the SBH-ASO. The ongoing activities of the Program are carried out by SBH-ASO staff and the members of the SBH-ASO Provider Network. The Executive Board is comprised of three county commissioners, one from each constituent county: Kitsap, Jefferson, and Clallam,

and one Tribal elected official as voting members.

Advisory Board

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

BHAB Membership Requirements:

1. Be representative of the geographic and demographic mix of service population;
2. Have at least 51 percent of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in Recovery from a behavioral health disorder;
3. Law Enforcement representation;
4. County representation;
5. No more than four elected officials;
6. No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor; and
7. Terms are staggered between one and three years to ensure ongoing membership coverage. Multiple terms may be served.

The BHAB will:

1. Solicit and use the input of Individuals with mental health and/or SUD to improve behavioral health services delivery in the region;
2. Provide quality improvement feedback to the SBH-ASO, key stakeholders, and other interested parties.

Ombuds

The SBH-ASO Ombuds advocate for all Individuals in its defined service area, regardless of an Individual's ability to pay, including Medicaid eligible members and assist providers to ensure dignified and quality services. The Ombuds operate independently from the SBH-ASO and providers. The Ombuds report trends concerning client perceptions, family satisfaction, and ancillary provider issues to the QACC and Advisory Board at least biannually

Quality Assurance and Compliance Committee (QACC)

The QACC meets quarterly and provides oversight of the quality assurance and improvement processes and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. The QACC membership includes representatives from each of the providers, the Ombuds, and SBH-ASO staff. The QACC provides direct oversight of this document and the SBH-ASO Compliance and Program Integrity Plan.

Internal Quality Committee (IQC)

The IQC meets monthly and provides input to the quality assurance and improvement

processes as well as the QACC. Membership includes all SBH-ASO Staff under the guidance of the SBH-ASO Medical Director.

Network Providers

Network Providers have their own Quality Management Plans that incorporate the SBH-ASO QMP. Ongoing participation in the Quality Management System is required.

Network Providers are required to develop a Quality Management Plan unique to their agency. Expectations for these plans are informed by regional trends, unique trends or characteristics of each agency, contract requirements, and relevant statutes. The SBH-ASO evaluates provider plans for objective and measurable performance indicators. The plans are monitored through the Annual Monitoring Review process.

PURPOSE

The activities of this Plan seek to assure compliance and continuous improvement within the system regarding:

1. General Fund State/Federal Block Grant (GFS/FBG) requirements according to this HCA Contract and meets Crisis Services Performance Measures, described in the HCA Contract and the Federal Block Grant Annual Progress Report template. It shall be the obligation of the SBH-ASO to remain current with all GFS/FBG requirements;
2. Goals and interventions to improve the quality of care received;
3. Culturally and linguistically appropriate care to all Individuals;
4. Inclusion of Individual voice and experiences. This may include feedback and grievance data from the Ombuds and feedback from the BHAB;
5. Inclusion of provider voice and experience, which may include feedback through involvement in Integrated Provider meetings, SBH-ASO Quality and Compliance Committee, provider complaints, and provider appeals.

MONITORING TOOLS AND ACTIVITIES

The SBH-ASO Quality Management Program functions to monitor performance in four main areas: quality of services, satisfaction, administrative practices, and compliance. The SBH-ASO analyzes information gathered through quality assurance activities to develop improvement strategies to enhance quality in any one or more of the identified categories.

COLLECTING AND ANALYZING INFORMATION

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

Annual Monitoring Reviews:

Description: The SBH-ASO has a standardized process for subcontractor annual monitoring reviews. The purpose of the reviews is to monitor subcontractor administrative, clinical, fiscal, and compliance practices.

- Reviews may also be conducted on a more frequent basis if indicated.

Data Collection and Analysis plan: Subcontractor Annual Monitoring Reviews are conducted by SBH-ASO Staff. These reviews ultimately provide oversight, feedback, recommendations, and Corrective Action Plans when warranted. Results of Annual Monitoring Reviews are summarized for the SBH-ASO Leadership Team, QACC, and BHAB. Individual reports are provided to the subcontractors.

Critical Incident Management System

Description: The SBH-ASO assures all contractually defined critical incidents (CI) occurring within the network are reported to HCA and reviewed in a standardized way as per policy.

Data Collection and Analysis Plan: Critical incidents are recorded from provider reports and tracked. This information is used to identify trends, track investigations, and analyze concerns. The SBH-ASO maintains an Internal Quality Committee (IQC) which reviews all CI reported to the SBH-ASO. The SBH-ASO works with the providers to collect and forward information to HCA regarding efforts to prevent or lessen the possibility of similar incidents in the future or to increase intervention for an Individual when incident behavior escalates in severity or frequency, as appropriate and required by contract. Chart reviews and targeted reviews of provider CI files may be performed as necessary. The QACC reviews the trends noted annually and recommends further region-wide system improvements.

Utilization Management Trends Reports

Description: The Utilization Management Trends report is generated by the internal SBH-ASO authorization database and describes statistics and patterns regarding authorization and utilization of behavioral health services. The description includes inpatient, outpatient, crisis, and residential services.

Over and Under-Utilization Monitoring Projects

Description: The SBH-ASO has mechanisms in place to detect both overutilization and underutilization. Current overutilization metrics include:

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

SBH-ASO will utilize these metrics to identify possible areas of underutilization, resulting in excess dependence on intensive services.

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

Quality Indicators Tracking

Description: The QACC oversees the contractual measures of performance, including but not limited to, metrics for the SBH-ASO Customer Service phone line, Mental Health and SUD Federal

Block Grant services, Crisis System Call Center Performance, Mobile Crisis Team, and others as required by contract. The QACC reviews interpretations of the data provided by QM Program staff and makes recommendations based on those interpretations.

To include, but not limited to:

- Salish Regional Crisis Line Metrics
- DCR Response Time Reporting
- Authorization/Denials Reporting

Data Collection and Analysis Plan: All indicators are reported to the Internal Quality Committee (IQC) and QACC at least quarterly. Baseline and targets, if applicable, are established by SBH-ASO Leadership Team and as required by contract. Data collected and analyzed for each indicator assists the QACC and SBH-ASO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region.

Grievance and Appeal Tracking

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

Data Collection and Analysis Plan: The Ombuds provide to the SBH-ASO Deputy Administrator quarterly reports that track the Ombuds outreach and grievance activities. The SBH-ASO collects grievance data directly submitted and resolved within the SBH-ASO and generates a quarterly report deliverable. The QACC reviews the SBH-ASO Ombuds reports to assess trends and inform quality assurance activities.

Compliance and Program Integrity Plan

Description: The SBH-ASO Compliance and Program Integrity Plan establishes a culture within the network that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law as well as federal and state funded health care program requirements. SBH-ASO Staff members, Executive Board members, QACC members, and subcontractors that encompass the operations of the SBH-ASO are expected to act in accordance with the Compliance and Program Integrity Plan.

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

INCORPORATING FEEDBACK

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

- **Community including Individuals and family members**
 - Community Feedback is continually gathered from their participation in the QACC, Ombuds, and the SBH-ASO Advisory Board.
 - Annual surveys
- **Tribal**
 - Inter-Tribal meetings are held with the SBH-ASO, network providers, and local Tribal Social Services/Wellness program directors to ensure culturally competent services and system coordination.
- **Network Providers**
 - Input is gathered individually as well as through their participation on the QACC and other regional meetings.
- **Other Stakeholders**
 - Feedback is incorporated from the monitoring activities of the HCA.
 - Results of monitoring activities described in this plan are summarized and reviewed by the QACC and reported to the Advisory Board and Executive Board, as appropriate. Results of each monitoring activity will be documented and communicated to each network provider, as applicable.

The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices.

REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

The Quality Management Plan is reviewed at least annually, and a report is generated. The necessity for Quality Management Plan changes are identified by the SBH-ASO Leadership Team based upon contractual changes, through the QACC, and the results of quality management activities described in this plan.

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

The approved Quality Management Plan is disseminated to providers, stakeholders, and the public via the SBH-ASO website.



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

Reviewed Date: 7/12/2019

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 for non-Medicaid Individuals. This policy and procedure delineates the timeframes for notices and the information that must be included in the notice.

PROCEDURE

Timeframes for Authorization Decisions

1. SBH-ASO must provide a written Notice of 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 shall adhere to the requirements set forth in this document under Notification of Coverage and Authorization Determination.

2. SBH-ASO is required to acknowledge receipt of a standard authorization request for behavioral health inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.
3. SBH-ASO shall provide for the following timeframes for authorization decisions and notices:
 - a. For denial of payment that may result in payment liability for the Individual, at the time of any Action 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, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, SBH-ASO will give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.
 - i. An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:
 1. The Individual or the provider requests the extension; or
 2. SBH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.
 - ii. If SBH-ASO extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:
 1. SBH-ASO will provide the Individual written notice within three (3) business days of the decision to extend the timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the Individual of

- the right to file a grievance if he or she disagrees with that decision.
2. SBH-ASO shall issue and carry out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.
- d. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or the SBH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, SBH-ASO will make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.
- i. SBH-ASO will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day, if the information provided is not sufficient to approve or deny the request. SBH-ASO or its delegate must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.
 - ii. SBH-ASO may extend the expedited time period by up to ten (10) calendar days under the following circumstances:
 1. The Individual requests the extension; or
 2. SBH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.
- e. Concurrent Review Authorizations: SBH-ASO must make its determination within one (1) business day of receipt of the request for authorization.
- i. Requests to extend concurrent care review authorization determinations may be extended to within three (3) business days of the request of the authorization, if SBH-ASO or its delegate has made at least one (1) attempt to obtain needed clinical information within the initial one (1) business day after the request for authorization of additional days or services.
 - ii. Notification of the Concurrent Review determination shall be made within one (1) business day of SBH-ASO decision.
 - iii. Expedited appeal timeframes apply to Concurrent Review requests.

- f. For post-service authorizations, SBH-ASO shall make its determination within thirty (30) calendar days of receipt of the authorization request.
 - i. SBH-ASO shall notify the Individual and the requesting provider within 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 shall provide 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) business 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 shall provide notification in accordance with the timeframes described in this section except in the following circumstances:
- a. The Individual dies;
 - b. SBH-ASO has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where the Individual understands that termination, reduction, or suspension of services is the result of supplying this information);

- c. The Individual is admitted to a facility where he or she is ineligible for services.
 - d. The Individual's address is unknown and there is no forwarding address.
 - e. The Individual has moved out of SBH-ASO's service area.
 - f. The Individual requests a change in the level of care.
6. **Untimely Service Authorization Decisions:** 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 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

Reviewed Date: 7/26/2019

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

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 246-341-1134 and 246-341-0365.

CONSENT FOR TREATMENT

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

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

1. The minor and the minor's parent/legal guardian; or
2. The minor without parental consent; or
3. The minor's parent/legal guardian without the minor's consent (Parent-Initiated Treatment [PIT]). (PIT is treated as a voluntary stay for Utilization Management purposes.)

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 GFS, including planned admissions coordinated by the Individual's provider network.
 - b. SBH-ASO is required to acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2)

hours and provide a decision within twelve (12) hours of receipt of the request.

- c. SBH-ASO will provide written notification of the decision within 72 hours.

SBH-ASO will provide a written Notice of Action to the individual, or their legal representative, if a denial occurs based on medical necessity. 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 must be documented on SBH-ASO authorization forms and must be provided to the hospital within three (3) business days of the authorization, unless the hospital requires receipt of the form prior to continuation of the stay.
3. If the required clinical information is not received by SBH-ASO to construct an authorization record, the request will be categorized as withdrawn.

Post-Service Authorization Requests

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

1. For post-service authorizations, SBH-ASO will make its determination within 30 calendar days of receipt of the authorization request.
2. SBH-ASO will notify the Individual and the requesting provider within two (2) business days of the post-service authorization determination.
3. When post-service authorizations are approved, they become effective the date the service was first administered.

Peer-to-Peer Clinical Reviews

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

Involuntary Psychiatric Admissions

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

1. Notification of Initial ITA admissions shall be directed to SBH-ASO.
2. Submitting Initial ITA notification will be conducted by the hospital and/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. The number of initial days authorized for an involuntary psychiatric admission is limited to 20 days from date of detention.
7. Hospitals 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).
8. Salish BH-ASO cannot deny extension requests for Individuals who are detained in accordance of the ITA unless another Less Restrictive Alternative (LRA) is available. Any less restrictive placement would need to be ITA certified and the court would need to change the detention location.

9. Individuals on a continuance will be granted a length-of-stay extension until their next court date. Individuals awaiting placement at Western State Hospital (WSH) will be granted a length-of-stay extension until admission to WSH.
10. 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 principle 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. SBH-ASO shall establish if the Individual is an undocumented alien, possibly qualifying for the AEM program, and instruct the requesting hospital to assist the client in submitting an AEM eligibility request.
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 record the clinical information required through the ProviderOne provider portal within five (5) working days of the discharge. 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 BH-ASO POLICIES AND PROCEDURES

Policy Name: WORKSTATION AND PORTABLE
COMPUTER USE

Policy Number: PS908

Effective Date: 1/1/2020

Revision Dates: 1/14/2021

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses this and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by employees. The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited.

POLICY

SBH-ASO staff must monitor the computer's (desktop, laptop, and/or mobile devices) operating environment and report potential threats to the computer and to the integrity and confidentiality of data contained in the computer system. SBH-ASO staff will take appropriate measures to protect computers and data from loss or destruction.

PROCEDURE

Workstation Use

Officers, agents, employees, contractors, and others using portable/laptop computers (users) must read, understand, and comply with this policy

- Personnel using SBH-ASO computers, needs to secure a safe area for their food and drinks to prevent damage to these devices.
- Any portable equipment and all related components, and data are the property of SBH-ASO and must be safeguarded and be returned upon request and upon termination of a workforce members employment. Staff are responsible for the equipment SBH-ASO issues during employment.
- Personnel logging onto the SBH-ASO network will ensure that no one observes the entry of their password.

- Personnel will neither log onto the system using another's password nor permit another to log on with their password. Nor will personnel enter data under another person's password. Please refer to the SBH-ASO Policy "Password Protection".
- Each person using SBH-ASO computers is responsible for the content of any data he or she inputs into the computer or transmits through or outside the SBH-ASO system. No person may hide his or her identity as the author of the entry or represent that someone else entered the data or sent the message. All personnel will familiarize themselves with and comply with Kitsap County e-mail policy.
- No personnel may access any confidential or other information that they do not have a need to know. No personnel may disclose confidential or other information unless properly authorized (SBH-ASO Confidentiality Use and Disclosure of Protected Health Information Policy).
- Personnel must not leave printers unattended when they are printing confidential information. This rule is especially important when two or more computers share a common printer or when the printer is in an area where unauthorized personnel have access to the printer.
- Personnel using the computer system will not write down their password and place it at or near the terminal.
- Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period.
- Users must at a minimum lock their computer if leaving the computer terminal unattended.
- No personnel may download protected health information (PHI) from SBH-ASO system onto USB, CD, hard drive, fax, scanner, any network drive or any other hardware, software, or paper without the express permission of their manager with written notice to the SBH-ASO Privacy Officer.
- No personnel shall download any software without express written permission of the Kitsap County IS Manager. The Kitsap County IS Manager must approve any software than an employee wishes to download in order to protect against the transmission of computer viruses into the system.

The user agrees to use the equipment solely for SBH-ASO business purposes.

The user further understands:

- The user understands that the hardware has been disabled from performing any functions other than those intended for business use and that the user may not attempt to enable such other functions.
- Computers, associated equipment, and software are for business use only, not for the personal use of the user or any other person or entity.
- Users must use only batteries and power cables provided by SBH-ASO and may not, for example, use their car's adaptor power sources.
- Users will not connect any non-SBH-ASO peripherals (keyboards, printers, modems, etc.) without the express authorization of the Kitsap County

Information Services department.

- Users are responsible for securing the unit, all associated equipment, and all data, within their homes, cars, and other locations.
- Users may not leave mobile computer units unattended unless they are in a secured location.
- Users should not leave mobile computer units in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.
- Users must place portable computers and associated equipment in their proper carrying cases when transporting them.
- Users must not alter the serial numbers and asset numbers of the equipment in any way.
- Users will not permit anyone else to use the computer for any purpose, including, but not limited to, the user's family and/or associates, clients, client families, or unauthorized officers, employees, and agents of SBH-ASO.
- Users must report in writing any breach of password security immediately to the SBH-ASO Privacy Officer and Kitsap County IS Department.
- Users must maintain confidentiality when using the computers. The screen must be protected from viewing by unauthorized personnel, and users must properly log out and turn off the computer when it is not in use.
- Users must immediately report in writing any lost, damaged, malfunctioning, or stolen equipment or any breach of security or confidentiality to the SBH-ASO Privacy Officer and Kitsap County IS Department.

Enforcement

All managers are responsible for enforcing this procedure. The SBH-ASO Privacy Officer is notified of any violations. Employees who violate this procedure are subject to personnel action.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PROTECTED HEALTH INFORMATION
E-MAIL AND INTERNET SECURITY
POLICY

Policy Number: PS909

Effective Date: 1/1/2020

Revision Dates: 1/14/2021

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses this and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by workforce member. The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited.

POLICY

This policy provides specific instructions on the ways to secure electronic mail (e-mail) on computers (desktop, laptop, and/or mobile devices) and servers.

The policies apply to SBH-ASO workforce members, and covers e-mail located on SBH-ASO computers if these systems are under the jurisdiction and/or ownership of SBH-ASO.

PROCEDURE

1. SBH-ASO Property

As a productivity enhancement tool, SBH-ASO encourages the business use of electronic communications (voice mail, e-mail, and fax). Electronic communications systems and all messages generated on or handled by SBH-ASO electronic communications systems, including back-up copies, are considered to be the property of SBH-ASO and are not the property of users of the electronic communications services.

2. User Separation

These policies must be implemented where electronic communications systems provide the ability to separate the activities of different users. For example, electronic mail systems must employ user IDs and associated passwords to isolate the communications of different users. However, fax machines that do not have separate mailboxes for different recipients need not support such user separation. All SBH-ASO staff and authorized business associates have unique usernames and passwords to access the e-mail system.

3. User Accountability

- a. Individual passwords must never be shared or revealed to anyone else besides the authorized user. To do so exposes the authorized user to responsibility for actions the other party takes with the password, and it exposes SBH-ASO to considerable risk.
- b. If users need to share computer resident data, they should utilize message-forwarding facilities, public directories on local area network servers, and other authorized information-sharing mechanisms. To prevent unauthorized parties from obtaining access to electronic communications, users must choose passwords that are difficult to guess - not a dictionary word, not a personal detail, and not a reflection of work activities.

4. No Default Protection

Employees are reminded that outgoing SBH-ASO electronic communications systems are not encrypted by default. If Protected Health Information (PHI) must be sent by electronic communications systems outside of the Kitsap County network, an electronic encryption that meets National Institute of Standards and Technology standards or similar technologies to protect the data must be employed.

5. Respecting Privacy Rights

- a. Except as otherwise specifically provided, employees and business associates may not intercept or disclose, or assist in intercepting or disclosing, electronic communications. SBH-ASO is committed to respecting the rights of its employees and business associates, including their reasonable expectation of privacy. However, SBH-ASO also is responsible for servicing and protecting its electronic communications networks. To accomplish this, it is occasionally necessary to intercept or disclose, or assist in intercepting or disclosing, electronic communications.
- b. It is the policy of the SBH-ASO that no e-mail message shall be sent or received that contain PHI unless it is sent with electronic encryption that meets National Institute of Standards and Technology standards, as specified in the HIPAA security rule, and sent to a verified email address. If at any time either a SBH-ASO workforce member use e-mail to transmit PHI as part of an unencrypted e-mail message, the SBH-ASO employee shall

notify the sending party that the e-mail has been sent in violation of our HIPAA Security Policy; delete the message from their mailbox empty their e-mail trash and notify the SBH-ASO Privacy Officer.

- c. All electronic communications containing PHI shall be protected and secured as defined by this policy and may be accomplished by accessing the shared network drive through the system Virtual Private Network/Secure Socket Layer system.

6. No Guaranteed Message Privacy

SBH-ASO cannot guarantee that electronic communications will be private. Employees should be aware that electronic communications could, depending on the technology, be forwarded, intercepted, printed, and stored by others. Furthermore, others can access electronic communications in accordance with this policy.

7. Regular Message Monitoring

It is the policy of SBH-ASO **NOT** to regularly monitor the content of electronic communications. However, the content of electronic communications may be monitored to support operational, maintenance, auditing, security, and investigative activities. SBH-ASO retains the right to monitor messages to ensure compliance with HIPAA AND 42 CFR Part 2 regulations concerning security and client privacy. Users should structure their electronic communications in recognition of the fact that SBH-ASO will from time to time examine the content of electronic communications.

8. Message Forwarding

Recognizing that some information is intended for specific individuals and may not be appropriate for general distribution, electronic communications users should exercise caution when forwarding messages. SBH-ASO sensitive information and PHI must not be forwarded to any party outside SBH-ASO without the prior approval of their manager.

Responsibilities

As defined below, Kitsap County and SBH-ASO staff responsible for electronic mail security has been designated in order to establish a clear line of authority and responsibility.

- Kitsap County Information Systems (IS) must establish e-mail security policies and standards and provide technical guidance on e-mail security to all SBH-ASO staff.
- The SBH-ASO Privacy Officer must review all such policies and procedures to ensure compliance with the applicable HIPAA and 42 CFR Part 2 regulations.

- Kitsap County IS staff must monitor compliance with personal computer security requirements, including hardware, software, and data safeguards. Managers must ensure that their staff are in compliance with the personal computer security policy established in this document. Kitsap County IS staff must also provide administrative support and technical guidance to management on matters related to e-mail security.
- SBH-ASO managers must ensure that employees under their supervision implement e-mail security measures as defined in this document.

Contact point

Questions about this policy may be directed to the SBH-ASO Privacy Officer.

Enforcement

All managers are responsible for enforcing this procedure. The SBH-ASO Privacy Officer is notified of any violations. Employees who violate this procedure are subject to personnel action.

DRAFT



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PASSWORD PROTECTION

Policy Number: PS910

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

POLICY

The Salish Behavioral Health Administrative Services Organization's (SBH-ASO) privacy and security practices are mandated by state and federal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2.

These regulations require that SBH-ASO deploy and maintain a set of policies, practices, and technologies to safeguard confidential information and ensure that such information is not disclosed to anyone without the proper authorization to view or possess such information.

PROCEDURE

Access Codes and Passwords

The confidentiality and integrity of data stored on SBH-ASO computer systems must be protected by access controls to ensure that only authorized employees have access. This access shall be restricted to only those capabilities that are appropriate to each employee's job duties. The Kitsap County Information Services Department (Information Services Department) will institute a system of access controls consisting first of a unique identification code and password requirement for each employee with a need to use SBH-ASO computer systems and networks. The characteristics of the password requirement will be established by the Information Services Department.

Information Services Responsibilities

- The Information Services Department shall be responsible for the administration of access controls to all SBH-ASO computer systems.
- The Information Services Department will deploy and maintain a set of system/network access and password procedures that require unique user identification codes and passwords that conform to standardized characteristics.

- The Information Services Department will maintain a list of administrative access codes and passwords and keep this list in a secure area.
- The Information Services Department will assign responsibility for maintenance of the access code and password assignment to a qualified individual in the Information Services Department. Additionally, a back-up staff person of the department will also be assigned these duties as a backup to the primary staff person.

Employee Responsibilities

Each employee:

- Shall be responsible for all computer transactions that are made with his/her User ID and password.
- Shall not disclose passwords to others. This should be strictly interpreted by all staff. If a password is requested from an employee, the employee should verify the identity of that person with the Information Services Department staff member responsible for maintenance of the access codes and passwords. If the responsible staff are not available, the employee is instructed not to disclose his/her password.
- Passwords must be changed immediately if it is suspected that they may have become known to others. In the event that an employee suspects or knows that his/her password has become known to an unauthorized person, the employee should immediately report this event to the following agency staff:
 - a. The designated staff person in the Information Services Department responsible for maintenance of access codes and passwords
 - b. The Privacy Officer
- Passwords should not be recorded where they may be easily obtained. Employees shall not display passwords in any area that can be viewed by others. This means practically that passwords should not be written on “sticky” notes on the monitor, placed on paper and taped to the bottom of the keyboard, etc.
- Will change passwords at least every 60 days.
- Should use passwords that will not be easily guessed by others.

Managers' Responsibility

Managers should notify the Information Services Department promptly whenever an employee leaves the SBH-ASO so that his/her access can be revoked. Involuntary terminations must be reported concurrent with the termination.

Enforcement

All managers are responsible for enforcing this procedure. Employees who violate this procedure are subject to disciplinary action.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ADMINISTRATIVE REQUIREMENTS
DOCUMENTATION

Policy Number: PS911

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO), sets out in this policy the standards it will maintain to fulfill the documentation retention requirements for Protected Health Information (PHI).

POLICY

The SBH-ASO will be compliant with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health 04/27/09 (HITECH) Administrative Simplification provisions with regards to documentation retention requirements.

PROCEDURE

SBH-ASO will retain all documentation as described in the privacy rules for a period of ten (10) years from its creation or from the date it was last in effect, whichever is later. This exception relates to all documents including grievances. Documentation will be preserved for the appropriate retention period in whatever medium is considered appropriate for each required item. The material subject to documentation retention requirements is set out in each individual Privacy Policy. The list that follows summarizes these requirements:

1. The notice of privacy practices, with copies of the notices maintained by implementation dates by version.
2. All policies and procedures, with copies of each policy and procedure maintained through each of its iterations.
3. Workforce training efforts.

4. Restrictions to uses and disclosures of Protected Health Information (PHI) that were granted.
5. The designated record set.
6. Personnel roles related to Privacy Rules – the Privacy Official, the person or office designated to receive complaints, the titles of person(s) or office(s) who are responsible for receiving and processing requests for access by individuals, the titles of person(s) or office(s) responsible for receiving and processing requests for amendments and accountings of PHI.
7. For each accounting provided to an individual – the date of disclosure, the name and address of entity or person who received the PHI, a description of the PHI disclosed, a briefly stated purpose for the disclosure, and the written accounting that was provided.
8. Any signed authorization.
9. All HIPAA/HITECH related complaints received and their disposition.
10. Any disciplinary actions against members of the workforce that have been applied as a result of non-compliance.
11. Any use of PHI for research made without the individual’s authorization and any approval or alteration or waiver of PHI for research in accordance with the requirements of 45 CFR Section 164.512(i)(2) and 42 CFR Section 2.52.
12. Any disclosure of PHI that meets the Health Information Technology for Economic and Clinical Health (HITECH) Act definition of “breach”.

HOUSE BILL REPORT

HB 1310

As Reported by House Committee On:

Public Safety
Appropriations

Title: An act relating to permissible uses of force by law enforcement and correctional officers.

Brief Description: Concerning permissible uses of force by law enforcement and correctional officers.

Sponsors: Representatives Johnson, J., Lovick, Ryu, Simmons, Berry, Fitzgibbon, Hackney, Wylie, Sells, Wicks, Cody, Callan, Gregerson, Santos, Senn, Ortiz-Self, Chopp, Davis, Valdez, Dolan, Bateman, Ormsby, Bergquist, Morgan, Ramel, Ramos, Lekanoff, Frame, Harris-Talley, Pollet, Macri and Peterson.

Brief History:

Committee Activity:

Public Safety: 1/29/21, 2/11/21 [DPS];
Appropriations: 2/18/21, 2/19/21 [DP2S(w/o sub PS)].

Brief Summary of Second Substitute Bill

- Establishes a standard for use of physical force by peace officers.

HOUSE COMMITTEE ON PUBLIC SAFETY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Goodman, Chair; Johnson, J., Vice Chair; Davis, Hackney, Lovick, Orwall, Ramos and Simmons.

Minority Report: Do not pass. Signed by 3 members: Representatives Mosbrucker, Ranking Minority Member; Klippert, Assistant Ranking Minority Member; Graham.

Minority Report: Without recommendation. Signed by 2 members: Representatives Griffey and Young.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Kelly Leonard (786-7147).

Background:

Use of Force by Peace Officers. The United States Constitution, and in particular the Bill of Rights, protects citizens from excessive force by the government. Depending on the custodial status of the person against whom force is being used, the Fourth or Fourteenth Amendment provides the legal standard for determining whether the use of force is permissible. For persons subject to arrest or detained pretrial, the standards require the use of force by a peace officer to be reasonable under the totality of the circumstances. Whether an officer's actions are reasonable depends upon several factors. This may include, for example, the severity of the crime at issue; whether the suspect poses an immediate threat to the safety of the peace officer or others; and whether the suspect is actively resisting arrest or attempting to evade arrest by flight.

State law does not contain separate standards for use of physical force by peace officers, though it generally authorizes an officer to use all necessary means to effect the arrest of a suspect who flees or resists arrest. This authorization is subject to the limitations under the United States Constitution as well as the restrictions in the state criminal code governing justifiable homicide and use of deadly force. Law enforcement agencies and correctional facilities typically adopt policies on the use of force, including the types of force allowed and when force may be used.

Civil Remedies. Under federal law, the primary legal remedy for the excessive use of force by a peace officer is to seek damages through a civil cause of action for deprivation of constitutional rights under 42 U.S.C. §1983. Though state law does not provide a specific cause of action for state constitutional rights, a person may file a tort claim for assault or battery based on the intentional actions of a peace officer. In 2019 the State Supreme Court held that an injured party could also file a negligence claim premised on a peace officer's unreasonable failure to follow police practices calculated to avoid use of deadly force, so long as allegations support a negligence claim concerning the peace officer's actions leading up to the decision to use deadly force.

Criminal Liability of Peace Officers. Whether a peace officer is criminally liable for using force depends on the specific crime alleged and any applicable defense. A peace officer has the same right of self-defense as others. In addition, deadly force is justifiable when used by a peace officer in certain circumstances so long as he or she is operating in good faith. "Good faith" is an objective standard which must consider all the facts, circumstances, and information known to the peace officer at the time to determine whether a similarly situated reasonable peace officer would have believed that the use of deadly force was necessary to prevent death or serious physical harm to the officer or another individual. The circumstances where deadly force is justifiable include, for example, when necessarily used to: arrest a suspect who the peace officer reasonably believes has committed a felony; prevent escape or recapture an escapee from prison or jail; or suppress a riot involving a

deadly weapon.

Training. All peace officers are required to complete basic training through the Criminal Justice Training Commission (CJTC). Basic training consists of a 720-hour program covering a wide variety of subjects including: criminal law and procedures; traffic enforcement; cultural awareness; communication and writing skills; emergency vehicle operations; firearms; crisis intervention; patrol procedures; criminal investigation; and defensive tactics. In addition, all peace officers are required to complete violence de-escalation training through the CJTC within the first 15 months of employment, and then must complete updated violence de-escalation training periodically thereafter.

Summary of Substitute Bill:

Use of Force by Peace Officers. A civil standard for use of force by peace officers is established. A peace officer may use physical force against another person when necessary to effect an arrest, prevent an escape, or otherwise protect against an imminent threat of bodily injury to the peace officer or another person.

A peace officer may use deadly force against another person only when necessary to protect against an imminent threat of serious physical injury or death to the officer or another person. "Necessary" means that, under the totality of the circumstances, a reasonably effective alternative to the use of deadly force does not exist, and that the amount of force used was a reasonable and proportional response to the threat posed to the officer and others. "Imminent threat" means that, based on the totality of the circumstances, it is objectively reasonable to believe that a person has the present and apparent ability, opportunity, and intent to immediately cause death or serious bodily injury to the peace officer or another person. "Totality of the circumstances" means all facts known to the peace officer leading up to and at the time of the use of force, and includes the actions of the person against whom the peace officer uses such force, and the actions of the peace officer.

A peace officer must use reasonable care when determining whether to use physical force and when using any physical force against another person. To that end, a peace officer must:

- when possible, exhaust available and appropriate de-escalation tactics prior to using any physical force;
- when using physical force, use only the minimal degree of physical force necessary to overcome resistance under the circumstances, which includes a consideration of the characteristics and conditions of the person for the purposes of determining whether to use force against that person and, if force is necessary, determining the appropriate and minimal degree of force;
- terminate the use of physical force as soon as the necessity for such force ends;
- when possible, use available and appropriate less lethal alternatives before using deadly force; and

- make less lethal alternatives issued to the officer reasonably available for his or her use.

Examples of de-escalation tactics, as well as the types of characteristics and conditions an officer must consider when determining the appropriate degree of force, are included.

A peace officer may not use any force tactics prohibited by applicable departmental policy, the bill, or otherwise by law.

Agency Policies. Agencies may adopt policies or standards with additional requirements for de-escalation and greater restrictions on the use of physical and deadly force than those provided in the bill.

By July 1, 2022, the Attorney General must develop and publish model policies on use of force and de-escalation tactics consistent with the standard. By September 31, 2022, all law enforcement agencies must adopt the model policy or otherwise adopt policies consistent with the standard. Law enforcement agencies must provide copies of policies and additional information to the Attorney General, including any future modifications. The Attorney General must publish annual reports on agencies' policies.

Training. Basic training and mandatory violence de-escalation training through the CJTC must be consistent with the standard for use of physical force and the model policy established by the Attorney General. In addition, the CJTC must submit semiannual reports to the Legislature and Governor on the implementation and compliance with violence de-escalation training requirements, including data on compliance by agencies and officers.

Substitute Bill Compared to Original Bill:

The amendatory provisions pertaining to criminal liability are removed, thereby restoring the current criminal liability protections for public officers, peace officers, and other persons acting in the aid of peace officers.

The definitions of "peace officer" and "law enforcement agency" are modified. Corrections officers and other employees of jails, correctional, and detention facilities are removed from the definition of "peace officer," thereby providing that those persons are not subject to the requirements for use of physical force and the standard for reasonable care established in the underlying bill. The Department of Corrections and other state and local agencies providing or otherwise responsible for the custody, safety, and security of persons incarcerated in correctional, jail, or detention facilities are removed from the definition of "law enforcement agency," thereby providing that those entities are not subject to the requirement to adopt policies on use of force and de-escalation tactics as provided in the underlying bill.

The language specifying that deadly force may only be used as a last resort is removed from

the civil standard for use of physical force. Definitions for "imminent threat," "necessary," and "totality of the circumstances" are added for the purposes of the civil standard. With respect to the requirement to use reasonable care, the substitute bill:

- removes the requirement that a peace officer must reasonably avoid engaging in conduct that would create situations requiring physical force;
- modifies the requirement to exhaust available and appropriate de-escalation tactics prior to using any physical force by specifying that this requirement applies when exhausting those tactics is possible;
- requires a peace officer to use only the minimal degree of physical force necessary to overcome resistance under the circumstances (rather than requiring a peace officer to use only the minimal degree of physical force necessary under the circumstances); and
- modifies the requirement to use available and appropriate less lethal alternatives before using deadly force by specifying that this requirement applies when using alternatives is possible.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The killings of Breonna Taylor, George Floyd, Manuel Ellis, and many others over the past year have brought the issue of excessive force to the attention of the entire nation. However, communities of color have been sounding the alarm on this crisis for decades. Protecting and preserving human life should be the paramount duty of law enforcement officers. Initiative No. 940 (I-940) was enacted two years ago. Since then, there have been 100 killings by law enforcement in the state, and only one prosecution. These cases demonstrate the importance of establishing clear standards for and systemic oversight over law enforcement.

Officers are more likely to use excessive force against persons of color, and therefore these incidents have a disproportionate impact on persons of color. Local studies have confirmed this. The state needs to develop objective standards rooted in safety in order to address equity. Black lives matter because all lives matter.

Many of the incidents involve persons with disabilities or persons experiencing a mental health crisis. Officers' actions often escalated situations, ultimately causing the use of deadly force. In other incidents, officers responded to reports of criminal activity, but did so with unnecessary violence. There are numerous examples where officers did not follow

de-escalation standards or comply with their training. Police officers need to understand that this is not a video game. For the families, their sons and daughters are gone forever, yet the police get to move on without feeling the magnitude of their actions.

The goal of I-940 was to save lives by improving officers' skills and behavior. These goals have yet to be realized. Prosecutors are interpreting the standard differently. In addition, current state law authorizes officers to execute an arrest by any means necessary. This is too broad. This policy without clear definitions will not work. The citizen sponsor of I-940 and families impacted by police violence have gathered over the last six months to take the next steps towards improving public safety. It needs to be clear that officers must de-escalate situations, and that peace officers must only use deadly force as a last resort.

The bill establishes a new statewide standard that limits physical force to only certain circumstances, and limits deadly force to a last resort. Further, it establishes the requirement of reasonable care, including taking into account the unique characteristics of persons with whom law enforcement officers interact. This is particularly important for persons with disabilities. These standards represent a shift toward a guardian and harm reduction model in policing. The bill does not hinder the ability of police to respond to calls and dangerous situations. No one is asking officers to stay in their cars. This is about balance. If this law had been in place years ago, people would not have died at the hands of police.

Policies should help officers avoid the need to make split-second decisions. This bill encourages the use of patrol tactics that will give officers more time to make informed decisions. Better policies and training will reshape the approaches to policing in order to reduce violent interactions. De-escalation should be the first step in every situation, and deadly force should be the absolute last resort. Police need to slow down, make more space, ask more questions, and de-escalate situations before reaching for their guns. This is the only way to end situations peacefully. This makes communities safer for the public and police officers. While the bill is not comprehensive, it aims to address every type of interaction affecting people of color on a regular basis. This is necessary and overdue.

Many law enforcement agencies are relying on policies developed by Lexipol, a private business. This is inappropriate. There is an imbalance of power between state-sanctioned officers and the public. The state equips officers with training and tools; therefore, the state should enact standards for officer interactions with the public. Policies should be developed by the state and agencies should be accountable to the public. The state has a responsibility to public safety, not just officer safety. This bill will save lives.

There should be statewide standards for use of force and de-escalation designed to implement I-940 training. Local governments support the creation of a statewide standard for use of force, while allowing local governments to establish more restrictive standards if they so choose. This bill achieves this. However, the bill needs more work and compromise to satisfy the concerns of law enforcement officers. The sponsor of this

legislation should work toward building an alliance with law enforcement and communities, similar to the process used for I-940.

The integrity of the Legislature is important, including the code of the conduct. All persons deserve to be treated with respect and civility.

(Opposed) Every person should be able to go home safely at the end of each day, and people who need help should also be able to receive help. These ideas are not mutually exclusive, but this bill fails to accomplish both of these separate and important goals. This bill inhibits the ability of law enforcement to help victims. As written, this bill will also incentivize officers to make arrests in order to justify use of force at any level. This bill could contribute to the erosion of public trust of law enforcement agencies.

The bill does not recognize the unique situations that law enforcement officers face on a daily basis. Adopting these standards would put Washington out of sync with Supreme Court rulings. This would constitute an unprecedented change to how use-of-force incidents are judged by courts. These are dynamic situations. The state should not throw out a reasonableness standard and replace it with an unreasonable one. Officers should be judged based on an objective evaluation of the facts. These situations should be based on what they are, not what people want them to be. The state should not have goals for prosecutions of officers. Every situation is different. The state cannot continue to change laws in pursuit of prosecutions while losing sight of objectivity.

House Bill 1064 and I-940 were a historic achievement between law enforcement and communities. This symbolized a shared commitment to work towards change and building trust. The Legislature should honor this prior achievement and pursue implementation of those policies and standards.

This bill is extremely concerning for corrections officers. It does not take into account the unique situations inside jails and prisons. Staff do not carry firearms or tasers, and staff are outnumbered by significant ratios. If the state wants to reduce incidents inside facilities, then more training is the answer.

Law enforcement officers are expected to run toward danger. Officers are judicious and conscientious in their decisions. Officers always aim to use de-escalation tactics. No one wants encounters to result in injuries to the officers or the public. This bill, however, will require officers to retreat from danger. This will endanger officers and the public, and it does not take into account the reality of split-second decisions. More training and education are essential for new and veteran officers. Peace officers are being asked to react to more complex situations and should be better prepared for doing this.

The grief of families who have lost loved ones is heart-breaking. The state needs to address their concerns, and the state needs to ensure these cases are investigated properly. The state needs to do more to help officers avoid these situations and also find a way to objectively

review these incidents. Yet the hardships faced by law enforcement officers and their families should also be recognized. Many law enforcement officers have died or been injured in the line of duty, and many others have anguished over having to use force on others.

If this bill is adopted, officers will leave the profession in pursuit of safer employment. If the good officers leave the profession, then the ones that are left will be there for a paycheck. This will not benefit public safety.

Persons Testifying: (In support) Representative Johnson, prime sponsor; Sakara Remmu, The Washington Black Lives Matter Alliance; Laura Van Tosh; Danielle Bargala Sanchez, DeVitta Briscoe, Tim Reynon, and Leslie Cushman, Washington Coalition for Police Accountability; Alexis Francois; Frank Gittens; Monisha Harrell and Alison Holcomb, Equal Rights Washington; Andrew Myerberg, Office of Police Accountability; David Owens, Loevy & Loevy; Darya Farivar, Disability Rights Washington; Enoka Herat, American Civil Liberties Unions of Washington; Ryan Drevaskrat, Galanda Broadman, PLLC; Sharon Swanson, Association of Washington Cities; Breean Beggs, Spokane City Council; Tammy Morales, Seattle City Council; Lisa Parshley, Olympia City Council; and Leslie Braxton, New Beginnings Christian Fellowship.

(Opposed) James McMahan, Washington Association of Sheriffs and Police Chiefs; Todd Miller; Marco Montebalco, Washington Fraternal Order of Police; Jeff DeVere, Washington Council of Police and Sheriffs; Austin McCombs, Sedro-Woolley Police Department; Brenda Wiest, Teamsters 117; and Spike Unruh, Washington State Patrol Troopers Association.

Persons Signed In To Testify But Not Testifying: Lyn Idahosa, Federal Way Black Collective; Paula Sardinas, Washington Build Back Black Alliance; and Leanne Kunze, Washington Federation of State Employees and American Federation of State, County & Municipal Employees, Council 28.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Public Safety. Signed by 19 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Chopp, Cody, Dolan, Fitzgibbon, Frame, Hansen, Johnson, J., Lekanoff, Pollet, Ryu, Senn, Springer, Stonier, Sullivan and Tharinger.

Minority Report: Do not pass. Signed by 11 members: Representatives MacEwen, Assistant Ranking Minority Member; Boehnke, Caldier, Chandler, Dye, Harris, Hoff, Jacobsen, Rude, Schmick and Steele.

Minority Report: Without recommendation. Signed by 3 members: Representatives

Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member.

Staff: Yvonne Walker (786-7841).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Public Safety:

Community corrections officers are included in the definition of "peace officer," thereby providing that community corrections officers are subject to the requirements for use of force and reasonable care provided in the underlying bill. The amendment further provides that the Department of Corrections (DOC) is included in the definition of "law enforcement agency," effectively requiring the DOC to adopt policies for use-of-force by community corrections officers consistent with the requirements in the underlying bill.

The deadline by which law enforcement agencies are required to adopt use-of-force policies and report to the Attorney General is extended from September 31, 2022, to December 1, 2022. The deadline for the Attorney General to publish annual reports on use-of-force policies is extended from December 1 to December 31 of each year.

A null and void clause was added, making the bill null and void unless funded in the budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) Police violence traumatizes communities and erodes trust in law enforcement. There have been too many unnecessary deaths in cases where deadly force was the first approach that was used. Protecting life should be law enforcement's highest priority. Current law allows police to make an arrest by any means necessary, which is a broad authorization of power to use an unlimited amount of force. Since Initiative 940 passed there have been over 100 deaths related to police use of force in Washington. This bill is a continued evolution of Initiative 940 as it tries to clarify the totality of circumstance in every unique case that can be presented to an officer.

This bill emphasizes de-escalation over confrontation and authorizes police to use force only when necessary. The creation of a clear statewide standard for use of force will instill

a clear trust in the community and will benefit everyone, including peace officers. This bill is not only a lifesaving policy because it puts in place a statewide standard for use of force, but it also meets the public's expectation that alternatives will be exhausted before deadly force is used by police. There is a priority to allow the state to set the standard for use of force by law enforcement officers while preserving the rights of cities to have more restrictive standards if they choose. Although this bill needs more work, it is trending in the right direction. This is a step that will help ensure policing builds trust in communities.

(Opposed) The Washington Association of Sheriffs and Chiefs has proposed a statewide standard that should be considered. Provisions of the current bill fail to acknowledge reasonable circumstances where an officer might use force and will likely result in additional arrests that do not happen under current law today. In another provision of the bill, the duty of reasonable care uses subjective standards without incorporating a reasonable officer standard, thereby subjecting officers to a lay person's interpretation of circumstances without the benefit of knowledge and experience faced by officers. In addition, the Attorney General's Office is not the appropriate entity to develop model policies on use of force by law enforcement.

(Other) This bill has been worked hard by many passionate people and it has improved since its original version. This bill is connected to civil liability so drafting the correct wording is important for both policy and fiscal reasons. This bill proposes changes on how officers approach the use of force and outlines the expectations concerning use of force. However, proper training for officers is necessary if officers and their agencies are going to be held accountable. Lastly, not only does the local government fiscal note not appear to clearly define local cost, but the fiscal note also does not accurately reflect the funds needed for training law enforcement officers.

Persons Testifying: (In support) Representative Johnson, prime sponsor; Enoka Herat, American Civil Liberties Union of Washington; Leslie Cushman and Nickeia Hunter, Washington Coalition for Police Accountability; Sakara Remmu, Washington Black Lives Matter Alliance; and Sharon Swanson, Association of Washington Cities.

(Opposed) James McMahan, Washington Association Sheriffs and Police Chiefs.

(Other) Jeff DeVere, Washington Council of Police and Sheriffs.

Persons Signed In To Testify But Not Testifying: None.



Salish Behavioral Health Administrative Services Organization

Quality Management Program Evaluation

(January 2020 – December 2020)

Prepared by: Jolene Kron, MA, LMHC
Deputy Administrator/Clinical Director

Overview

The Salish Behavioral Health Organization (SBH-ASO) Quality Management Plan is a working document created to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health crisis services and non-Medicaid services delivered within the three counties served by the SBH-ASO: Clallam, Jefferson, and Kitsap. The plan describes the activities and meetings to achieve these goals, as well as how SBH-ASO collaborates with the community, stakeholders, providers, and individuals.

This report presents the evaluation summary of the Quality Management Plan and the Quality Assurance Program in general. This report is reviewed by the SBH-ASO Leadership Team, SBH-ASO Internal Quality Committee, our regional Quality Assurance and Compliance Committee (QACC), and our Advisory and Executive Boards.

The review period includes January 1, 2020 through December 31, 2020. SBH-ASO was responsible for the administration of Crisis Services to the 3-County region as well as services to non-Medicaid individuals within available resources.

SBH-ASO Accomplishments

SBH-ASO transitioned into fully integrated managed care January 1, 2020. Since that time, SBH-ASO has been focused on continuing the high caliber of work, including the provision of technical assistance to our provider network and associated communities.

Accomplishments from this reporting period:

- Completed first year of operations as an administrative services organization (ASO). This included the transition integrated managed care during the COVID-19 pandemic.

SBH-ASO Quality Program Evaluation

- Implementation of the Salish Regional Crisis Line (SRCL) providing 24-hour toll-free crisis line services to all individuals within the Salish region. This project included a change in provider, change in phone number, and direct community marketing to increase awareness.
- Development and implementation of a new Utilization Management Program and supporting web-based application (Salish Notification and Authorization Program: SNAP).
- Provided or facilitated suicide awareness training for contracted providers as well as community members across the region.
- Maintenance of a high level of provider support and technical assistance to crisis and non-crisis provider networks.
- Development and implementation of Critical Incident Reporting online form
- Implementation of electronic submission for Crisis Alert Notices to the Salish Regional Crisis Line
- Developed Capacity Monitoring tool in spring 2020 to monitor agency status and identify impact of COVID-19 on services.
- Successful maintenance of ASO operations and Provider support despite the decentralizing office operations due to COVID.
- Completion of Inter-Rater Reliability for all staff using the Utilization Management System in October 2020.

Summary of Activities**Compliance and Program Integrity**

There were no substantive Compliance events logged during this reporting period. SBH-ASO developed and implemented a Credentialing process for all contractors. The SBH-ASO Compliance Officer changed in August of 2020. Due to COVID-19 restrictions, classroom-based Health Care Compliance Academy (HCCA) Training had to be delayed until August 2021. Both the Compliance Officer and Deputy Administrator/Clinical Director are registered for HCCA Training in August 2021.

Utilization Management and Reports

The SBH-ASO has provided Utilization Management reports to the Salish Provider Network via the monthly Salish Provider Meeting for review and monitoring. SBH-ASO generates these reports based on encounter data, the Salish Notification and Authorization System (SNAP), and crisis logs. These reports identify Salish Regional Crisis Line Metrics (SRCL), Authorization and Denial timeliness, and Designated Crisis Responder (DCR) response times.

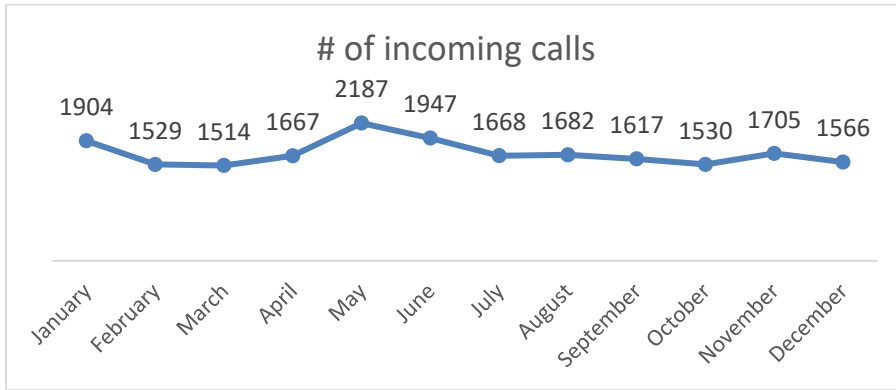
Quality Indicators

For this reporting period, the SBH-ASO had three Quality Indicators that were of focus. Please see SBH-ASO summary tracking of all measures below.

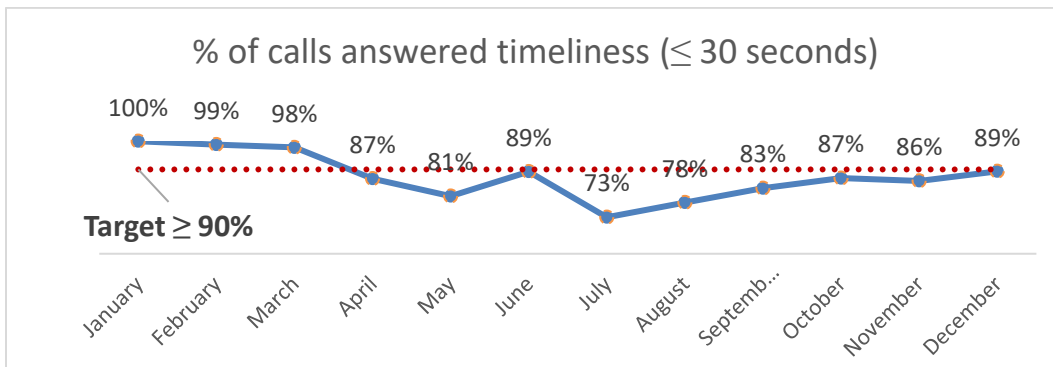
SBH-ASO Quality Program Evaluation

Salish Regional Crisis Line:

The first table shows the number of incoming calls to the SRCL. The anticipated number of calls at implementation of the new crisis line was approximately 850 per month. SBH-ASO has noted more than twice the number of anticipated calls consistently for the full year of 2020. The average number of calls monthly was 1710.

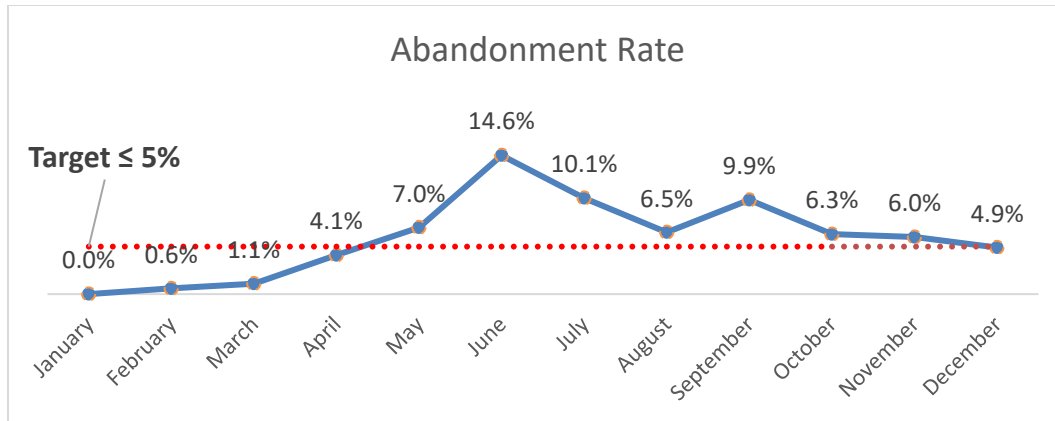


The target metric is that 90 percent of calls received are answered within 30 seconds or less. The following table reflects the monthly percentage of calls answered within 30 seconds or less for the SRCL. Following the onset of COVID, the metric fell below the target and remained below for the remainder of 2020. SBH-ASO worked with its contractor to attempt to remediate this challenge. Contributing factors included staffing issues and higher call volume than expected. Staffing issues impacting answer speed and call length included workforce shortage, COVID-19 related staffing issues, and new staff training. The contractor was put on correction action plan related to this metric. This corrective action plan was initiated in December 2020.

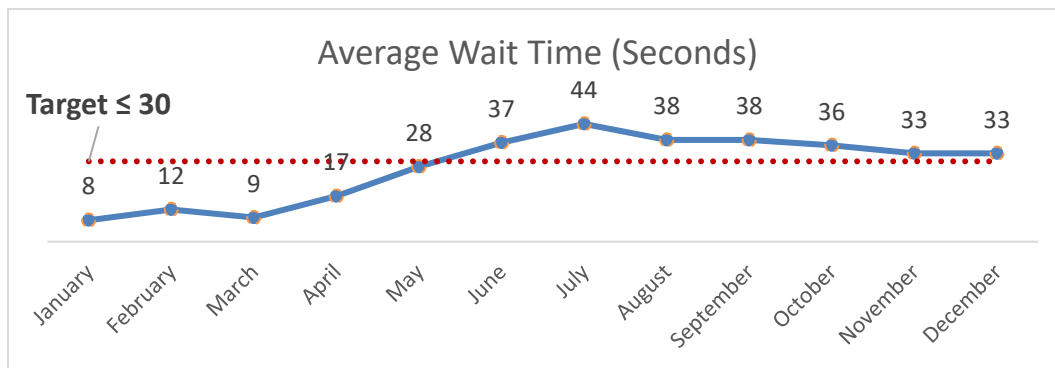


The target metric for abandoned calls is five percent or less. The following table shows the monthly abandonment rate for 2020. Contributing factors mirror those mentioned for in the call timeliness section above. This metric was also included in the corrective action for the contractor.

SBH-ASO Quality Program Evaluation



The target metric for wait time is 30 seconds or less. The following table shows the average wait time for 2020.



Authorization and Denials Timeliness

SBH-ASO adheres to issuing the initial certification of all inpatient level of care authorization requests within 2-hours of receipt. For all months in review, Salish met this requirement.

For concurrent reviews of inpatient authorization requests, Salish adheres to the authorization decision being made within one business day of a complete request. For instances in which the treating provider did not supply enough information to make an authorization determination, the expectation is that the decision will be made within 3 calendar days from receipt. The following table outlines the average response time for concurrent reviews of inpatient level of care requests and includes those instances where additional information was needed to make the authorization decision. As noted, SBH-ASO met this metric throughout 2020.

Average Time to Decision in Calendar Days

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.3	0.9	1.5	0.3	1.6	1.1	1.6	1.2	1.2	2.9	1.6	1.7

SBH-ASO Quality Program Evaluation

The Notification issuance timeline metric is 3 business days from time of decision related to inpatient treatment. Notification issuance timelines are indicated in the table below. A delay in notice issuance in March 2020 was found at the start of the pandemic and the transition to telework. Once this was identified, systems were put into place that identified a singular staff, with an identified back-up, who is responsible for issuing notices. This process continues to be evaluated and monitored by the Internal Quality Committee due to outliers.

Average Time from Denial to Notice in Calendar Days											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0	0.0	44.0	0.0	0.0	1.0	3.0	1.7	1.4	0.0	1.8	3.2

Crisis Response Timeliness:

The target metric is 95% of emergent cases responded to within 2 hours or less. DCR response time for emergent cases for the last quarter of 2020 averaged 98.1% of cases identified as emergent were responded to in 2 hours or less. Data prior to the final quarter is not reliable due to changes in the mechanism to gather data in early 2020.

Critical Incidents

There were zero critical incidents reported by providers in 2020 that met the HCA Contract definition requiring critical incident or population-based reporting. Salish BH-ASO continues to provide training and technical assistance to providers to ensure network wide understanding of reporting requirements. Salish BH-ASO has an electronic submission format to increase accuracy and ease of reporting.

Grievance System

The SBH-ASO has measures in place to monitor grievances on an ongoing basis with the assistance of the Ombuds. This includes quarterly tracking of grievances per contract requirements and deliverables submitted to the Health Care Authority. SBH-ASO did not have any Grievances reported in 2020.

Ombuds Services

Ombuds services are provided by Dispute Resolution Center of Kitsap County. The table below identifies total calls by quarter. Total Calls identifies all calls received by the Ombuds by quarter. ASO Calls identifies individuals who are non-Medicaid or do not provide enough information to identify Medicaid enrollment. The table indicates 83 percent of ASO attributed calls were resolved within 60 days of initial contact. SBH-ASO meets with the Ombuds to identify any trends, concerns, or barriers associated with service delivery.

SBH-ASO Quality Program Evaluation***Ombuds Services 2020***

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	2020 Total
Total calls received	23	25	22	22	53
ASO Calls	7	11	11	10	39
ASO Calls Resolved within 60 days	6	7	9	10	32

SBH-ASO Meetings

The SBH-ASO understands the importance of community collaboration. SBH-ASO facilitates regional meetings, such as the Crisis Providers Meeting, Integrated Providers Meeting, and Quality Assurance and Compliance Committee (QACC) meetings. The Integrated Provider Meeting engages both mental health and substance use disorder providers. SBH-ASO also participates in meetings with all seven tribes located within our region.

SBH-ASO continues to work with tribes and community providers to develop coordination and crisis plans for Tribal members and/or on Tribal lands. SBH-ASO continues to work closely Tribal partners as these responsibilities transition to the Health Care Authority. SBH-ASO intends to remain an active partner in Tribal Coordination within our region.

SBH-ASO continues to provide support and technical assistance to our providers, community partners, and Tribal partners. This includes participation in each 1/10th Committees across our region to provide information and resources.

Administrative and Fiscal Reviews

In early 2021, SBH-ASO conducted Administrative reviews for contract year 2020 with all contracted providers and Ombuds. The 2020 Administrative Review cycle is almost complete, with a few subcontractors needing to resolve Corrective Actions resulting from this review.

In March 2021, SBH-ASO began conducting Fiscal reviews for FY2020. These fiscal reviews are still in the process of being completed and will conclude in June of 2021.

Quality Management Plan

The SBH-ASO's Leadership Team reviews the Quality Management Plan annually, or more frequently as needed, to ensure it remains an accurate reflection of QA Program Activities and is effective. It is then presented for review and approval by the QACC members as well as SBH-ASO board members.

Future areas of focus:

The SBH-ASO considers its Quality Assurance Program a continually evolving program.

SBH-ASO Quality Program Evaluation

Planning for 2021 monitoring will include:

- Least Restrictive Order monitoring.
- Increased monitoring of over and underutilization of services for the non-Medicaid population.
- Increased monitoring and care coordination for the Medicaid individuals frequently accessing crisis services.
- Spend-down enrollment and agency support for Medicaid enrollment.
- Notification timeliness and content continues to be evaluated and monitored by the Internal Quality Committee due to outliers. This includes on-going review by the Medical Director.
- Continuing to monitor crisis line performance including the active Corrective Action Plan.

SBH-ASO EXECUTIVE BOARD MEETING

Policy and Procedures with Track Changes

Supplemental Packet Attachment 6.c.2 and 6.c.3

Summary of Policy and Procedure Changes for Executive Board Approval

Chapter	Number	Title	Description of Updates
Administration	AD101	Policy Development and Review	<u>6/18/2021</u> 1. Added language keeping records of training participants 2. The addition of language to "Document Review/Revision" section of procedure to clarify that policies or procedures may also be revised to HCA Corrective Action. 3. Lastly, the role of SBH-ASO Administrator was in P&P assignment, development and approval was clarified.
Administration	AD102	Provider Network Selection and Management	<u>1/4/2021 REVISION:</u> 1. Updated Policy Name 2. Clarified and expanded self-directed remediation section
Administration	AD105	Customer Service	<u>1/20/2021 REVISION:</u> 1. Re-organized procedure for increased clarity and readability 2. Updated language to align with 2021 HCA contract 3. Updated and expanded monitoring section of P&P
Clinical	CL205	Monitoring of Conditional Release, Less Restrictive, Assisted Outpatient Treatment Order	<u>2/3/2021 REVISION:</u> 1. Updated language to align with other Policies 2. Added additional language around reporting and monitoring specifications
Compliance	CP301	Compliance and Program Integrity	<u>4/8/2021 REVISION</u> 1. Clarified Compliance Officer duties 2. Updated to align with contract language 3. Moved FWA reporting language to CP303
Compliance	CP303	Fraud, Waste, and Abuse Compliance Reporting Standards	<u>4/8/2021 REVISION:</u> 1. Updated to align with contract 2. Language moved from CP301 regarding reporting FWA 3. Removed duplicate language already in CP301 4. Clarified Compliance Officer duties
Quality Management	QM701	Quality Management Plan	<u>4/8/2021 REVISION:</u> 1. Complete rewrite of policy to focus on crisis services as the primary SBH-ASO service modality.
Utilization Management	UM802	Notice Requirements	<u>2/23/2021 REVISION:</u> 1. Updated Notice requirements language to align with 2021 HCA contract 3. Added requirements for Notices that include Adverse Authorization Determination decisions
Utilization Management	UM803	Authorization for Payment of Psychiatric Inpatient Services	<u>6/18/2021</u> 1. Added language about Single Bed Certs
Privacy & Security	PS908	Workstation and Portable Computer Use	Created policy.
Privacy & Security	PS909	Protected Health Information Email and Internet Security	Created policy.
Privacy & Security	PS910	Password Protection Procedure	Created policy.
Privacy & Security	PS911	Administrative Requirements Documentation	Created policy.



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~~

Reviewed Date: 4/16/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020

PURPOSE

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

POLICY

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

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

PROCEDURE

Document Development

1. SBH-ASO policies and procedures will use a consistent format.
2. SBH-ASO policies and procedures will:
 - a. 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 Administrator.
4. The SBH-ASO Administrator will assign the policy to SBH-ASO staff with subject matter expertise. Upon completion, the assigned SBH-ASO staff will provide the Policy and Procedure Committee with the policy.
5. The Policy and Procedure Committee is comprised of SBH-ASO Staff responsible for the development, review, and recommendation of SBH-ASO policies and procedures to the Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will forward it to designated staff for upload to the SBH-ASO website.

Document Review/Revision

1. Policies and procedures will be reviewed at least annually.
2. Changes in contractual requirements, delegation agreements and/or state or federal regulations will require a review of policies and procedures.
 - a. Corrective action plans imposed by the HCA 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. When reviews do not reveal a need for a revision, the review is documented by entering a review date in the document header and obtaining the SBH-ASO Administrator's signature.
4. When a review results in the need for revision, the review is documented by entering a review date in the document header and the policy is forwarded to the Policy and Procedure Committee.
5. The Policy and Procedure Committee reviews all revised policies prior to presentation to the SBH-ASO Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will 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.
- ~~3.~~ 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 ~~number of~~ staff participating in training, including evidence of assessment of participant knowledge and satisfaction with the training.
- ~~4.~~

|



SALISH BH-ASO POLICIES AND PROCEDURES

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

Policy Number: AD102

Effective Date: 1/01/2020;

Revision Dates: 2/19/2020; 1/14/2021

Reviewed Date: 5/02/2019; 8/29/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020

PURPOSE

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

POLICY

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

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

PROCEDURE

Network Selection and Capacity Management

1. SBH-ASO follows uniform credentialing and re-credentialing processes which include the completion of provider credentialing prior to contract execution and recredentialing at least every 36 months.
2. SBH-ASO will not select or contract with provider network applicants that are excluded from participation in Medicare, Medicaid, Washington State and all other Federal Department or Washington State health care programs Agency.
3. SBH-ASO will not discriminate, with respect to participation, reimbursement or indemnification, against providers practicing within their licensed scope solely on the basis of the type of license or certification they hold. However, SBH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties.
4. If SBH-ASO declines to include an individual or group of providers in its network, written notice of the reason for its decision shall be provided.
5. SBH-ASO will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
6. SBH-ASO selects and retains providers based on their ability to meet the clinical and service needs, as well as the service area need to support the population of individuals that SBH-ASO is to serve. If applicable, this includes the ability to provide crisis services twenty-four (24) hours a day, seven (7) days a week. SBH-ASO shall consider the following in the selection and retention of its network:
 - a. Expected utilization of services
 - b. Characteristics and health needs of the population
 - c. Number and type of providers able to furnish services
 - d. Geographic location of providers and individuals, including distance, travel time, means of transportation and whether a location is American with Disabilities Act (ADA) accessible
 - e. Anticipated needs of priority populations listed in contract
 - f. SBH-ASO's available resources
7. SBH-ASO has-maintains a crisis network with enough capacity to serve the regional service area (RSA) to included, at a minimum, the following:
 - a. Designated Crisis Responders (DCR)
 - b. Evaluation and Treatment (E&T) capacity to service the RSA's non-Medicaid population
 - c. Psychiatric and Substance Use Disorder involuntary inpatient beds to serve the RSA's non-Medicaid population
 - d. Staff to provide mobile crisis outreach in the RSA
8. SBH-ASO shall have a non-crisis behavioral health network with enough capacity to serve the RSA's non-Medicaid populations, within available resources.
9. Within available resources, SBH-ASO will establish and maintain contracts with office-based opioid treatment providers that have obtained a waiver under the

Drug Addiction Treatment Act of 2000 to practices medication-assisted opioid addiction therapy.

Network Management

1. SBH-ASO ~~Staff, Provider Network~~ and Subcontractors ~~staff~~ are trained at the time of orientation and periodically to understand and effectively communicate the services and supports that comprise the region-wide behavioral health system of care.
 - a. Integrated Provider Network Meetings are conducted at least quarterly to ensure on-going communications with subcontractors. Issues for the agenda may include, but are not limited to: contract requirements, program changes, Best Practice updates, quality of care, quality improved activities, performance indicators, and updates to state and federal regulations and requirements.
 - b. SBH-ASO provides performance data and member experience data upon request.
2. SBH-ASO contract language clearly specifies expected standards of performance and the indicators used to monitor subcontractor performance. SBH-ASO collaborates with its provider network in implementing performance improvements.
3. SBH-ASO is committed to maintaining a provider network that is reflective of the geographic, demographic and cultural characteristics of the Salish RSA.
4. SBH-ASO requires its provider network to offer hours of operation and accessibility for individuals that are no less than ~~those the hours of operation~~ offered to any other client.

Network Evaluation and Monitoring

1. Provider Network and Subcontractor evaluation and monitoring is accomplished by:
 - a. Performing reviews per HCA and MCO contract requirements for all its subcontractors. By contract, subcontractors agree to cooperate with SBH-ASO in the evaluation of performance, and to make available all information reasonably required by any such evaluation process. Subcontractors shall provide access to their facilities and the records documenting contract performance, for purpose of audits, investigations, and for the identification and recovery of overpayments within thirty (30) calendar days.
 - i. When a need for corrective action is identified during such reviews, subcontractors will address areas of non-compliance via their quality improvement processes and will provide evidence of sustained improvement.
 - ii. SBH-ASO will review findings for trends requiring system level intervention and report such findings to the Salish Leadership Team, Quality Assurance and Compliance Committee (QACC) and the SBH-ASO Executive Board for Action.
 - b. Determining contract renewals based on compliance with contract requirements. Additionally, SBH-ASO reviews corrective actions,

utilization data, critical incident reports, handling of grievances and financial audits.

- c. Retaining and exercising the right to terminate a contract if the subcontractor has violated any law, regulation, rule or ordinance applicable to services provided under contract, or if continuance of the contract poses material risk of injury or harm to any person. Denial of licensure renewal or suspension or revocation will be considered grounds for termination in accordance with the contract term.
 - i. In the event of a subcontractor termination, a notification shall occur, and the following will commence:
 1. If a subcontract is terminated or a site closure occurs with less than 90 calendar days, SBH-ASO shall notify the HCA as soon as possible.
 - a. If a subcontract is terminated or site closes unexpectedly, SBH-ASO shall submit a plan within seven (7) calendar days to HCA that includes:
 - i. Notification to Ombuds services and Individuals
 - ii. Provision of uninterrupted services
 - iii. Any information released to the media
 2. SBH-ASO retains documentation of all subcontractor monitoring activities; and upon request by HCA, shall immediately make all audits and/or monitoring activities available to HCA.

Federal Block Grant Subcontractors

1. In addition to the procedures identified above, the following apply to subcontractors receiving Federal Block Grant Funds.
 - a. SBH-ASO ensures that its subcontractors receive an independent audit if the subcontractor expends a total of \$750,000 or more in federal awards from any and/or all sources in any state fiscal year.
 - b. SBH-ASO ~~also~~ requires the subcontractors to submit the data collection form and reporting package as specified in 2 C.F.R. Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor within ten (10) business days of audit reports being completed and received by subcontractors.
 - a-c. _____ SBH-ASO shall follow-up with any corrective actions for all subcontract audit findings in accordance with 2 C.F.R. Part 200, Subpart F.
 - b-d. _____ SBH-ASO shall conduct and/or make arrangements for an annual fiscal review of each subcontractor receiving Federal Block Grant funds regardless of reimbursement methodology and shall provide HCA with documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure that:
 - i. Expenditures are accounted for by revenue source.

- ii. No expenditures were made for items identified in the Payment and Sanctions section of the HCA-BHASO Contract.
- iii. Expenditures are made only for the purposes stated in the HCA-BHASO Contract and the SBH-ASO/Subcontractor Contract.

Corrective Action

1. SBH-ASO evaluates delegate/subcontractor performance prior to imposing corrective action.
2. SBH-ASO monitors delegate/subcontractor activity on a consistent basis.
3. SBH-ASO evaluates available data on at least a quarterly basis, and as necessary.
4. If SBH-ASO determines that a delegate/subcontractor's performance is failing to meet contract requirements, corrective action may be initiated.
5. SBH-ASO shall allow delegate/subcontractor 30 calendar days from receipt of corrective action letter to submit a corrective action plan.
6. If the corrective action plan is accepted, the delegate/subcontractor shall have 60 days for implementation, with the exception of any situation that poses a threat to the health or safety of any person.
7. SBH-ASO subcontracts outline the general corrective action procedures.
8. SBH-ASO maintains an internal process for reporting and tracking corrective actions issued by SBH-ASO and corrective action plans submitted by delegates/subcontractors.
9. Delegate/Subcontractor failure to meet measurements of corrective actions may include result in additional remediation up to and including the termination of contract.

Self-directed Remediation

1. Any issues directly involving SBH-ASO that are determined to not be meeting policy or contractual benchmarks will be remediated under the auspices of the QACCSBH-ASO Leadership Team.
 - a. Remediation may be accomplished through staff training, supervisory oversight and/or personnel action as indicated.
2. All remediation processes ~~and outcomes~~ are reported to the QACC by SBH-ASO Leadership Team ~~by the QACC Chair~~.
3. The SBH-ASO Leadership Team will determine the final action to be taken while considering recommendations given by QACC.
4. Outcomes will be reported to QACC recorded in QACC meeting minutes.



Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CUSTOMER SERVICE

Policy Number: AD105

Effective Date: 01/01/2020

Revision Dates: 1/20/21

Reviewed Date: 04/16/2019

Executive Board Approval Dates: 05/17/2019; 11/1/2019

PURPOSE

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

POLICY

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

PROCEDURE

1. Customer Service:
 - A. The SBH-ASO provides a single toll-free number for Individuals to call regarding services, at its expense, which is a separate and distinct number from the SBH-ASO's Toll-Free Crisis Line telephone number. SBH-ASO also provides a, in addition to 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 work days for state employees.
 - SBH-ASO shall report to HCA by December 1 of each year its scheduled non-business days for the upcoming calendar year.
 - SBH-ASO will notify HCA five (5) business days in advance of any non-scheduled closure during scheduled business days, except in the

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

- C. SBH-ASO assures that interpreter services are provided for Individuals with a preferred language other than English, free of charge. This includes the provision of interpreters for Individuals who are deaf or hearing impaired, including American Sign Language (ASL), and TDD/TTY services.
- D. SBH-ASO respectfully responds to individuals, family members, and stakeholders in a manner that resolves their inquiry politely, promptly, and with helpful attention.

2. SBH-ASO 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.

i. Staff are identified by name, role, and organization name when initiating or returning calls including those regarding UM issues.

ii. Staff has access to Interpreter and TDD/TTY services to assist with callers who need them.

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

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

ii. Staff has access to Interpreter and TDD/TTY services to assist with callers who need them.

3. SBH ASO shall staff its customer service line with a sufficient number of trained customer service representatives to answer the phones. Staff shall be able to access information regarding eligibility requirements and benefits; GFS/FBG services; refer for behavioral health services; and resolve Grievances and triage Appeals.

iii.

4. SBH ASO trains customer service staff on GFS/FBG policies and procedures.

5.3. SBH-ASO shall develop and maintain customer service policies and procedures that address the 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.

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

F. Authorization requirements;

~~SBH-ASO trains customer service staff on GFS/FBG policies and procedures.~~
B. and

G.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 will provide~~ individuals with access to qualified clinicians without placing the Individual on hold.

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

6. ~~All calls (incoming/outgoing/VM) are will be documented in the SBH-ASO Call Log. The SBHASO Call Log documentation includes, at a minimum~~ Logs are kept that include at a minimum, the minimum requirements of the initial call information (including the caller's name and contact information), reason for type of call, and date of attempted resolution, time to answer the call with a live voice, and abandoned calls. ~~Call Log reports may~~ This log is be provided to the Health Care Authority for review upon request.

7. ~~SBH-ASO phone system provides data on time to answer the call with a live voice and abandoned calls.~~

MONITORING

SBH-ASO ~~Administrator Leadership Team~~ shall review Customer Service logs quarterly to ensure:

1. ~~That the average speed of~~ At least 90% of customer service calls are being answered with a live voice during open hours within 30 seconds,
2. ~~and that~~ C customer services calls have an abandonment rate of less than 5% or less.
3. Any performance found to be below contract standards will be brought to the Internal Quality Committee (IQC) and Quality Assurance and Compliance Committee (QACC) for Corrective Action recommendations to the SBH-ASO Leadership Team.

4. Any ~~C~~corrective actions required will be determined and monitored by SBH-ASO Leadership Team. Corrective actions may be ~~process~~system and/or staff related.

Monitoring of internal customer service line will be achieved by monitoring of monthly reports and call samples by the SBHASO Clinical Director. ~~Metrics for these reports include:~~

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

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

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



SALISH BH-ASO POLICIES AND PROCEDURES

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

Policy Number: CL205

Effective Date: ~~01/01/2020~~

Revision Dates: [2/3/2021](#)

Reviewed Date: ~~07/30/2019~~; [2/3/21](#)

Executive Board Approval Dates: 11/01/2019

PURPOSE

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

POLICY

To provide monitoring for [Salish Behavioral Health Administrative Services Organization \(SBH-ASO\) eligible non-Medicaid individuals](#) referred for services in accordance with [Civil Conditional Releases \(CR\), Less Restrictive Orders \(LRO\), or Assisted Outpatient Treatment \(AOT\) orders](#) guidelines. [Salish Behavioral Health Administrative Services Organization](#)

~~SBH-ASO~~ ~~SBH-ASO shall offer~~ [mental behavioral health services](#) to Individuals [on LRO or AOT](#) who are ineligible for Medicaid to ensure LRA requirements, [within available resources](#).

[SBH-ASO eligible non-Medicaid individuals on a CR will be provided behavioral health services to ensure compliance with conditional release requirements.](#)

Less restrictive alternative treatment, [that is monitored, includes](#), at a minimum, [includes](#) the following ~~services~~:

- (a) Assignment of a care coordinator;
- (b) An intake evaluation;
- (c) A psychiatric evaluation;

- (d) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
- (f) An individual crisis plan; ~~and~~

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

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

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

STATE-ONLY FUNDING

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

~~State-only funded individuals will initially be authorized for services for 390 days. Reauthorizations will need to meet continuing stay or legal status criteria every 390 days.~~

PROCEDURE

1. The inpatient psychiatric or secure withdrawal management facility must first contact the [BHA Provider](#) to request the [BHA Provider](#) assume responsibility of the ~~State-only funded non-Medicaid~~ CR/LRO/AOT. This contact must be a written request and is expected to occur prior to the individual's discharge from the facility.
2. SBH-ASO Providers shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
3. The [BHA Provider](#) will notify SBH-ASO to request authorization for ~~LR~~ monitoring services.
4. The [BHA Provider](#) is responsible for providing ~~LRA~~ monitoring services for the duration of the court order.
5. [BHA Provider](#)s shall provide monthly reporting to include compliance with the court order, ~~each~~ [any](#) violation of the conditions of the CR/LRO/AOT,

consideration to pursue revocation, attempts to contact/engage the individual, [consideration for release](#), and any coordination required. [This report is submitted to SBH-ASO via online form.](#)

- [5.a. These reports will be monitored by SBH-ASO Care Managers and any identified issues will be referred to the SBH-ASO Clinical Director.](#)
6. Individuals on an AOT are not able to be revoked. If the individual refuses to comply with the conditions of the AOT, the [BHAProvider](#) should coordinate with the Designated Crisis Responder (DCR) office regarding the violation(s) to determine if there are grounds for a new evaluation for a detention.
 7. DCRs shall maintain a system which tracks CRs/LROs/AOTs, as well as ensuring [BHAProviders](#) are informed of the process for extending a CR/LRO/AOT.
 8. [BHAProviders](#) shall request an extension, [if clinically appropriate](#), from their local DCR office three to four (3 to 4) weeks prior to the expiration of the CR/LRO/AOT.
 9. A [BHAProvider](#) assigned to monitor an enrolled individual on a CR/LRO/AOT may not discharge the individual from [mental-behavioral](#) health services while [they are](#) on the CR/LRO/AOT.

REVOCATION OF LR/CR ORDERS

Revised Code of Washington (RCW) 71.05 [and 71.34](#) establishes criteria for revocation procedures ~~of an LR/CR Order for an adult. RCW 71.34.780 provides guidance on revocation procedures of an LR/CR Order for a minor.~~

COORDINATION OF CARE

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

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



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

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

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

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

General Requirements

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

The SBH-ASO ~~will~~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. Developing effective lines of communication and screening.
4. Conducting effective training and education.
5. Conducting internal monitoring and auditing.
6. Enforcing standards through well-publicized disciplinary guidelines.
7. Responding promptly to detected offenses and undertaking corrective action.

PROCEDURE

I. Compliance Officer and Committee:

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

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

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

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

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

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

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

Information on Persons Convicted of Crimes

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

1. Requiring the subcontractor 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.

Fraud, Waste and Abuse

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

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 a mandatory compliance plan.
3. Standards of conduct that articulate SBH-ASO's commitment to comply with all applicable federal and state standards.
4. The designation of a Compliance Officer and a compliance committee that is accountable to senior management.
5. Training for all affected parties.
6. Effective lines of communication between the Compliance Officer and the SBH-ASO staff and 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 prompt response to detected violations, and for development of corrective action initiatives.
10. Provision of detailed information to staff and subcontractors regarding fraud and abuse policies and procedures, the False Claims Act, and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

The SBH-ASO ~~has~~shall establish policies and procedures for referring all identified allegations of potential fraud to HCA ~~and MFCd~~, as well as ~~and~~ for provider payment suspensions (See SBH-ASO P&P ~~CP303~~, Fraud, Waste, and Abuse Compliance Reporting Standards).

Federal Exclusion and Legal Status

The SBH-ASO ~~does will~~ not willingly contract with nor retain any contractor or subcontractor who has been listed by a state or federal agency as debarred, excluded, or otherwise ineligible for federal or state program participation or whose license had been revoked or suspended. If either of these situations apply or if they become applicable, they must be reported to the SBH-ASO CO as soon as possible.

~~Ownership disclosure.~~ The SBH-ASO, ~~network providers, and~~ 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.

Excluded provider verification is conducted at time of hire or appointment and every month thereafter. This applies to SBH-ASO staff as well as those who are employed by contractors and subcontractors. This verification is conducted through the following: the OIG's List of Excluded Individuals and Entities (LEIE) query, the System for Award Management (SAM) site, and the Health Care Authority (HCA) and Department of Social and Health Services' (DSHS) provider termination and exclusion lists site.

SBH-ASO ~~contractors and~~ subcontractors must provide to the SBH-ASO Deputy Administrator ~~CO~~ a monthly written attestation verifying the clear status of all staff using the above sources, including maintaining source document verification of checks. The SBH-ASO ~~CO~~ conducts monthly checks on all SBH-ASO staff and board members, network contractors and subcontractors and all individuals listed on the Disclosure of Ownership, ~~using the above sources, SAM checks on all network contractors and subcontractors, and LEIE and state provider termination checks on all individuals with subcontractor ownership or controlling interest.~~

Reporting

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.

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

- ~~1. Sending an email to WAEligibilityfraud@hca.wa.gov;~~

~~2. Calling OMEP at 360-725-0934 and leaving a detailed message;~~

~~3. Mailing a written referral to:~~

~~Health Care Authority~~

~~Attn: OMEP~~

~~P.O. Box 45534~~

~~Olympia, WA 98504-5534~~

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

~~The SBH-ASO shall notify and submit all associated information of any alleged or investigated cases in which the Contractor 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 SBH-ASO shall send the report electronically to HCA at hcabhaso@hca.wa.gov with subject "Program Integrity list of Terminations Report." The report must include all of the following:~~

- ~~1. Individual provider/entities' name;~~
- ~~2. Individual provider/entities' NPI number;~~
- ~~3. Source of termination;~~
- ~~4. Nature of the termination; and~~
- ~~5. Legal action against the individual/entities.~~

Records Requests

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

On-Site Inspections

~~The SBH-ASO or its subcontractor 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.~~

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

1. Medical records;
2. Billing records;
3. Financial records;

4. Any record related to services rendered, quality, appropriateness, and timeliness of service; and
5. Any record relevant to an administrative, civil, or criminal investigation or prosecution.

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

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

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



SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/1/2020

Revision Dates: 2/24/2020; 4/8/2021

Reviewed Date: 10/8/2019

Executive Board Approval Dates: 11/1/2019

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, ~~or~~ offer to pay, or give anything of value, ~~be it money, gifts, space, equipment or services~~, 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).
- ~~7. The SBH-ASO will not willingly contract with nor retain any subcontractor who has been listed by a state or federal agency as debarred, excluded, or otherwise ineligible for federal or state program participation or whose license had been revoked or suspended. If either of these situations apply or if they become applicable, they must be reported to the SBH-ASO CO as soon as possible.~~
- ~~8. Ownership disclosure. The SBH-ASO, network agencies, and 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.~~
- ~~9. Excluded provider verification is conducted at time of contract execution, hire, or appointment and every month thereafter. This applies to SBH-ASO staff as well as those who are employed by subcontractors. This verification is conducted through the following: the Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) query, the System for Award Management (SAM) site, and the Health Care Authority (HCA) and Department of Social and Health Services' (DSHS) provider termination and exclusion lists site (hereafter referred to as the "Exclusion Websites").~~
- ~~10. SBH-ASO subcontractors must provide to the SBH-ASO CO a monthly written attestation verifying the clear status of their staff using the above sources. The SBH-ASO CO conducts monthly checks on all SBH-ASO staff and board members using~~

~~the above sources, additional SAM checks on all network subcontractors, and LEIE and state provider termination checks on all individuals with subcontractor ownership or controlling interest.~~

Information on Persons Convicted of Crimes

~~The SBH-ASO includes in its written agreements with all subcontractors and providers requirements that the subcontractor/provider 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.~~

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

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 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 QACC meets quarterly, at a minimum.~~ The CO provides reports to the SBH-ASO Executive Board at least annually ~~to the SBH-ASO Advisory and/or Executive Board (the Boards).~~

- ~~• While the CO generally reports to the QACC, the CO always has the right to directly meet with the Advisory and/or Executive Boards if the circumstances warrant (e.g., in case of QACC inaction).~~
- ~~• The CO duties include the following with respect to FWA:~~
- ~~• To oversee and monitor the overall compliance activities of the SBH-ASO, including facilitating the QACC, whose agenda reviews FWA agenda items.~~
- ~~• Continue to develop the Plan and monitoring activities with the QACC that have SBH-ASO wide application to the provider entities.~~
- ~~• To assist the Boards and staff in establishing methods to reduce SBH-ASO vulnerability to FWA.~~
- ~~• To receive and investigate, with assistance from SBH-ASO legal counsel when needed, reports of possible fraud and abuse violations, per HCA BH-ASO contract.~~
- ~~• To receive and investigate reports in a timely responsive manner to possible violations of the Plan, per HCA BH-ASO contract.~~
- ~~• To develop corrective action plans for the SBH-ASO and providers to correct violations and prevent future incidents of noncompliance.~~
- ~~• To develop policies and programs that encourage employees and contractors to report suspected FWA violations without fear of retaliation.~~
- ~~• To identify areas where corrective actions are needed and, in consultation with the Boards and legal counsel, develop strategies to improve compliance.~~
- ~~• As a part of the ongoing monitoring and auditing of the Plan, the CO utilizes the QACC to notify the network of changes in laws, regulations, or policies, as necessary, to assure continued compliance.~~
- ~~• Conduct monthly exclusion website screening for SBH-ASO staff, Board members, volunteers/ interns, and subcontractors.~~
- ~~• Subcontractors are required to attest in writing to monthly exclusion screenings. These letters of attestation are tracked by the CO at SBH-ASO.~~

SBH-ASO Fraud, Waste, and Abuse Monitoring

1. The SBH-ASO detects and prevents FWA through the following activities:
 - 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~~~~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 ~~at least 10% of~~ 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. ~~The SBH-ASO staff periodically review SBH-ASO Personnel Policies related to required conduct and disciplinary action.~~

~~b.~~ —Examples of specific internal monitoring activities may include, but are not —limited to:

~~i.~~ ~~Review of Provider Quarterly Financial and Performance Reports~~

~~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~~

~~ii.~~ ~~Ombuds reporting at QACC, and other in-network committees~~

~~iii.~~ ~~SBH-ASO profiling of provider client data~~

~~iv.~~

~~v.~~ ~~Ombuds participation and reporting at QACC, and other in-network committees~~ ~~SBH-ASO Grievance, Appeal, and Adverse Authorization Determination Quarterly Reports~~

~~vi.~~ ~~SBH-ASO Grievance, Appeal, and Adverse Authorization Determination Quarterly Reports~~ ~~SBH-ASO Utilization Management Monthly Tracking Reports~~

~~vii.~~ ~~SBH-ASO Utilization Management Monthly Tracking Reports~~

~~viii.~~

~~ix.~~ ~~Availability of the CO to discuss suspected FWA and help staff accurately assess the likelihood that FWA has occurred.~~

~~x.~~ ~~When fraud and/or abuse is detected, the CO immediately reports the abuse to the appropriate authorities, conducts an investigation of the incident as directed by the HCA BH-ASO contract, and reports the results of the investigation to the QACC and others, as is appropriate.~~

~~Network Subcontractors Responsibilities~~

~~1.~~ ~~Subcontractors are required to develop internal compliance programs, to include an agency Compliance Plan which compliments the SBH-ASO Plan. Each network agency is required to have a designated agency-level Compliance Officer. The agency designated Compliance Officer is expected to fully participate in the QACC.~~

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

SBH-ASO Provided Education and Training

- ~~1. The Plan and reporting requirements are referenced in SBH-ASO contracts. Subcontractors are made aware of their obligation to report to SBH-ASO their good faith belief of any possible instances of non-compliance.~~
- ~~2. SBH-ASO trainings provide information and educate staff and subcontractors to report suspected violations of the Plan without fear of retaliation.~~
- ~~3. The SBH-ASO will notify subcontractors of applicable fraud and abuse training opportunities offered through Centers for Medicare and Medicaid, Medicaid Fraud Control Division (MFCD), HCA, or of other Compliance-related trainings.~~
- ~~4. The Plan and related policies are made available to all SBH-ASO staff and subcontractors. These documents are reviewed at least annually by the QACG and are available through the SBH-ASO website.~~
- ~~5. The CO provides training to the SBH-ASO staff, governing boards, and subcontractors. The SBH-ASO training curriculum addresses the following:

 - ~~a. The SBH-ASO's commitment to compliance with all laws, regulations, and guidelines of federal and state programs.~~
 - ~~b. The elements of the Plan and related policies.~~
 - ~~c. An overview of what constitutes FWA in a managed care environment.~~
 - ~~d. A review of the specific state contract requirements applicable to SBH-ASO business.~~~~

- ~~e. Responsibilities to report violations.~~
 - ~~f. Various options of where and how to report violations.~~
 - ~~g. The consequences of failing to comply with applicable laws.~~
- ~~6. The CO is available to co-facilitate network agency trainings with the agency designated Compliance Officers. These trainings cover the above curriculum, as well as the network agency Compliance Plan and related policies and procedures. Subcontractors are responsible for documenting the training dates and employees that attended.~~

Developing Effective Lines of Communication

1. An open line of communication between the CO and 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, Richelle JordanLeea Clauson
 2. Calling the CO directly at (360) 307-4274337-4833 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 rjordan@co.kitsap.wa.usSalishCompliance@co.kitsap.wa.us
 - ~~5. By calling, on an anonymous basis, the SBH-ASO Office at (360) 307-4274 or (800) 525-5637~~
 - ~~6-5. 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
 - ~~7-6. Calling Office of Medicaid Eligibility and Policy (OMEP) at~~

360-725-0934 and leaving a detailed message

- 8.7.** Mailing a written complaint to:
Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534
- 9.8.** Entering the complaint online at:
<https://wadshs.libera.com/Sys7CMSPortal-FCMS-WA/fraud/report.aspx>
- 10.9.** Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158
- 11.10.** Emailing the compliant electronically
WAEligibilityfraud@hca.wa.gov
- 12.11.** 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 MFCD~~, 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 ~~MFCD and~~ HCA within five (5) Business Days of the determination. The referral must be emailed to HCA at ProgramIntegrity@hca.wa.gov ~~HotTips@hca.wa.gov and emailed to MFCD at MFCDreferrals@atg.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 Administrator to:s:

- 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 ~~HCAMFCD~~, or appropriate law enforcement agency, accepts or declines the referral.
 - If ~~HCAMFCD~~, 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 MFCD, or other~~ 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 ~~the MFCD or other 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 SBH-ASO.

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

The SBH-ASO ~~will~~ must 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:

- ~~MFCD or other~~ A law enforcement agency has ~~ve~~ 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.
- ~~MFCD or~~ 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 ~~sixten~~ (~~6~~10) 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 ~~is~~ 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.

~~For the purposes of this Section, “subrogation” means the right of any state of Washington government entity or local law enforcement to stand in the place of the SBH-ASO or client in the collection against a third party.~~

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~~**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 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 ProviderBHAs terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. ~~If the Salish BH-ASO has nothing to report, the report will so state.~~ The Salish BH-ASO shall send the report electronically to HCA at ~~hcameprograms~~ProgramIntegrity@hca.wa.gov with subject

"Program Integrity ~~Monthly~~ list of Terminations Report." The report must include all of the following:

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



SBH-ASO POLICIES AND PROCEDURES

Policy Name: QUALITY MANAGEMENT PLAN

Policy Number: QM701

Effective Date: 1/1/2020

Revision Date(s): 3/5/2020; ~~4/8/2021-3/17/2024~~

Reviewed Date: 7/16/2019

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

QUALITY MANAGEMENT SYSTEM OVERVIEW

The Salish Behavioral Health Administrative Services Organization's (SBH-ASO) Quality Management Plan (QMP) is a working document within the Quality Management Program (the Program) that describes the system and activities that guide quality assurance and improvement to ensure the on-going practice of evaluating, monitoring, and improving the quality of behavioral health services delivered within the three counties served by the SBH-ASO.

ELEMENTS OF THE QUALITY MANAGEMENT PROGRAM

Those We Serve

Any individual in the Salish three-county region, regardless of funding source, is eligible for crisis services. Crisis services include a 24-hour crisis line, mobile crisis outreach, and involuntary commitment services.

Within available resources, the SBH-ASO serves eligible non-Medicaid individuals who receive SBH-ASO services from any of our contracted Behavioral Health Agencies (BHAs) as well as those individuals who utilize crisis services.

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

~~Any individual in the Salish three-county region, regardless of funding source, is eligible for crisis services. Crisis services include a 24-hour crisis line, mobile crisis outreach, and involuntary commitment services.~~

Executive Board

The Executive Board is the main leadership and decision-making body of the SBH-ASO. The Executive Board authorizes the Program via its approval of this Plan, charging the Quality Assurance and Compliance Committee (QACC) with the responsibility of providing ongoing operational leadership of continuous quality improvement activities at the SBH-ASO. The ongoing activities of the Program are carried out by SBH-ASO staff and the

members of the SBH-ASO Provider Network. The Executive Board is comprised of three county commissioners, one from each constituent county: Kitsap, Jefferson, and Clallam, ~~and as well as~~ one Tribal elected official as voting members. -

Advisory Board

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

BHAB Membership Requirements:

1. Be representative of the geographic and demographic mix of service population;
2. Have at least 51 percent of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in Recovery from a behavioral health disorder;
3. Law Enforcement representation;
4. County representation;
5. No more than four elected officials;
6. No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor; and
7. ~~Three year term limit, multiple terms may be served.~~ Terms are staggered between one and three years to ensure ongoing membership coverage. Multiple terms may be served.

The BHAB will:

1. Solicit and use the input of Individuals with mental health and/or SUD to improve behavioral health services delivery in the region;
2. Provide quality improvement feedback to the SBH-ASO, key stakeholders, and other interested parties.

~~The purpose of the SBH-ASO Advisory Board is to provide community and individual input to the Executive Board and SBH-ASO staff. The Advisory Board consists of a representative demographic and geographic mix of the service population. At least 51% of the board consists of persons with behavioral health lived experience, their family members, and/or persons self-identified as being in recovery from a behavioral health disorder. County and Law Enforcement is also represented. There is a limit of four elected officials. Multiple three-year terms may be served.~~

~~The Advisory Board meets at least quarterly to review reports from the SBH-ASO staff and QACC. Based on information presented, the Advisory Board evaluates whether implementation of system changes are effective and may make recommendations for system-wide improvements to enhance the quality of services within the network. The Advisory Board may report their recommendations to the SBH-ASO Administrator and/or the Executive Board for further action.~~

Ombuds

The SBH-ASO Ombuds advocate for all Individuals in its defined service area, regardless of an Individual's ability to pay, including Medicaid eligible members and assist providers to ensure dignified and quality services. The Ombuds operate independently from the SBH-ASO and providers. The Ombuds report trends concerning client perceptions, family satisfaction, and ancillary provider issues to the QACC and Advisory Board at least ~~biennially~~biannually

Quality Assurance and Compliance Committee (QACC)

The QACC meets quarterly and provides oversight of the quality assurance and improvement processes and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. ~~Represented on the~~ The QACC membership includes

representatives from each of the providers, the Ombuds, and ~~an~~ SBH-ASO ~~staff-staff to facilitate, typically the Quality and Compliance Manager~~. The QACC provides direct oversight of this document and the SBH-ASO Compliance and Program Integrity Plan.

Internal Quality Committee (IQC)

The IQC meets monthly and provides input to the quality assurance and improvement processes as well as the QACC. Membership includes all SBH-ASO Staff under the guidance of the SBH-ASO Medical Director.

Behavioral Health Service Network Providers

~~Providers have an organizational structure and quality management programs unique to them. The provider agencies~~ Network Providers have their own Quality Management Plans that incorporate the SBH-ASO QMP. Ongoing participation in the Quality Management System is required.

~~Service Network P~~ providers are required to develop a Quality Management Plan unique to their agency. Expectations for these plans are informed by regional trends, unique trends or characteristics of each agency, contract requirements, and relevant statutes. The SBH-ASO evaluates provider plans for objective and measurable performance indicators. The plans are monitored through the Annual Monitoring Review process.

PURPOSE

The activities of this ~~p~~lan seek to assure compliance and continuous improvement within the system regarding:

1. General Fund State/Federal Block Grant (GFS/FBG) requirements according to this HCA Contract and meets Crisis Services Performance Measures, described in the HCA Contract and the Federal Block Grant Annual Progress Report template. It shall be the obligation of the SBH-ASO to remain current with all GFS/FBG requirements;
2. Goals and interventions to improve the quality of care received;
3. Culturally and linguistically appropriate care to all Individuals; ~~Service to culturally and linguistically diverse Individuals;~~
4. Inclusion of Individual voice and experiences. This may include feedback and grievance data from the Ombuds and feedback from the BHAB;
5. Inclusion of provider voice and experience, which may include feedback through involvement in Integrated Provider meetings, SBH-ASO Quality and Compliance Committee, provider complaints, and provider appeals.

- ~~Cultural competency~~

- ~~Age appropriate services~~
- ~~Commitment to recovery, rehabilitation, and reintegration philosophies~~
- ~~Clinical practices based on valid and reliable evidence, including the use of Practice Guidelines~~
- ~~Coordination and continuity of care~~
- ~~Appropriate utilization of services for crisis, state, and Block Grant-funded services in accordance with contract requirements~~
- ~~Maintenance of capacity~~
- ~~Accessibility~~
- ~~Individual participation~~
- ~~Stakeholder participation~~
- ~~Continuous system improvement~~

MONITORING TOOLS AND ACTIVITIES

The SBH-ASO Quality Management Program functions to monitor performance in four main areas: quality of services, satisfaction, administrative practices, and compliance. The SBH-ASO analyzes information gathered through quality assurance ~~tools and~~ activities to develop improvement strategies to enhance quality in any one or more of the identified categories.

~~The following chart describes the quality assurance activities and tools that may be used to monitor performance in each of four categories:~~

	Quality of Services	Satisfaction	Administrative Practices	Compliance
Reports	<ul style="list-style-type: none"> Performance Measure Tracking Ombuds Quarterly Activity Quarterly Grievance Reports Quarterly Critical Incident Tracking/ Reviews/Utilization Management Trends 	<ul style="list-style-type: none"> Ombuds Quarterly Activity Quarterly Grievance System Reports Advisory Board Feedback 	<ul style="list-style-type: none"> Revenue and Expenditure Report 	<ul style="list-style-type: none"> Quarterly Compliance Reporting to the QACC Ad-Hoc Reports
Reviews	<ul style="list-style-type: none"> Critical Incident Tracking/ Reviews Health Information System Data Reviews Annual Monitoring Reviews Ad Hoc Reviews 	<ul style="list-style-type: none"> Grievance System Tracking Annual Monitoring Reviews 	<ul style="list-style-type: none"> Annual Monitoring Reviews 	<ul style="list-style-type: none"> Annual Monitoring Reviews Biennial Practice Guideline Reviews Ad Hoc Reviews

COLLECTING AND ANALYZING INFORMATION

Information regarding the quality and appropriateness of care individuals receive through network services is gathered from an array of sources and activities, ~~as listed above~~. Trends and issues identified through the collection and analysis of information are reported to the providers, the SBH-ASO [Administrator Leadership Team](#), the QACC, and/or the Advisory Board. Plans for collecting and analyzing information are as follows:

~~Chart Reviews and Other Targeted Reviews Monthly Provider Monitoring~~

~~**Description:** Chart reviews are a key quality assurance activity performed by the SBH-ASO staff to monitor and analyze the quality and intensity of services as well as the fit between services needed and those actually provided. Chart review activities take place as a part of the Annual Monitoring Review (see next section, below). Additional chart review tools may be developed when trends are identified through the results of quality assurance activities that warrant an ad hoc review. Review of reports to identify trends.~~

~~Specifically, these chart review tools and processes:~~

- ~~• address GFS/FBG requirements according to contract as well as Crisis Services as provided by SBH-ASO network providers;~~
- ~~• evaluate the continuity of services from the individual's request for services through discharge;~~
- ~~• assess the degree to which services progress the individual toward recovery and resiliency;~~
- ~~• include items that evaluate provider compliance with the SBH-ASO contract, policies, and pertinent WAC regulations;~~
- ~~• include items that monitor crisis services, timeliness of response, incorporation of individual and family voice, and provision of services in least restrictive environments;~~
- ~~• include parameters that monitor over and under utilization of services;~~
- ~~• assess client needs, coordination of care for special populations, housing and linkages with other systems, and cultural and linguistic competence;~~
- ~~• monitor that individual rights are clearly stated;~~
- ~~• monitor and explore targeted issues as identified by quality indicators tracking or other indicators;~~
- ~~• evaluate treatment plans for timeliness, participation of enrollee and natural supports, applicable consultation with specialists, and other WAC requirements; and~~
- ~~• monitor coordination of care with other systems, including individuals' primary care providers; and~~
- ~~• monitor adherence to Practice Guidelines.~~

~~**Data Collection and Analysis Plan:** The representative sample of charts reviewed may include the following for Crisis Services and GFS/FBG services:~~

- ~~• Crisis Service Standards~~
- ~~• Overutilization~~
- ~~• Underutilization~~
- ~~• GFS and FBG Requirements~~
- ~~• Intake reviews of individuals not authorized for care~~

~~Additional analyses of care may be conducted as indicated by results of monitoring activities. Data collected from chart reviews are compiled and analyzed by SBH-ASO staff. Reports are prepared and compared with previous reviews to identify trends and evidence of improvement. Review results are reported to the providers and Corrective Action Plans are required when results indicate. System-wide trends are reported to QACC.~~

Annual Monitoring Reviews:

Description: The SBH-ASO has a standardized process for subcontractor annual monitoring reviews. ~~(see AD102, Provider Network Selection, Retention, Management, and Monitoring Policy).~~ The purpose of the reviews is to monitor subcontractor administrative, clinical, fiscal, and compliance practices.

- Reviews may also be conducted on a more frequent basis if indicated.

Data Collection and Analysis plan: Subcontractor Annual Monitoring Reviews are conducted by SBH-ASO ~~Staff~~. These reviews ultimately provide oversight, feedback, recommendations, and Corrective Action Plans when warranted. Results of Annual Monitoring Reviews are summarized for the ~~SBH-ASO Leadership Team, QACC, and BHAB Advisory Board.~~ ~~system-wide trends are reported to QACC, while~~ individual reports are provided to the subcontractors.

Over and Under Utilization Monitoring Projects

~~**Description:** The SBH-ASO expects each individual to receive the right amount and type of service. The SBH-ASO has mechanisms in place to detect both overutilization and underutilization of services as outlined in the SBH-ASO Utilization Management policies and procedures.~~

Critical Incident Management System

Description: The SBH-ASO assures all contractually defined critical incidents (CI) occurring within the network are reported to HCA and reviewed in a standardized way as per policy. ~~(See SBH-ASO Policy Critical Incidents.)~~

Data Collection and Analysis Plan: Critical incidents are recorded from provider reports and tracked. This information is used to identify trends, track investigations, and analyze concerns. The SBH-ASO maintains an Internal Quality Committee (IQC) which reviews all CI reported to the SBH-ASO. The SBH-ASO works with the providers to collect and forward information to HCA regarding efforts to prevent or lessen the possibility of similar incidents in the future or to increase intervention for an Individual when incident behavior escalates in severity or frequency, as appropriate and required by contract. Chart reviews and targeted reviews of provider CI files may be performed as necessary. The QACC reviews the trends noted annually and recommends further region-wide system improvements.

Utilization Management Trends Reports

Description: The Utilization Management Trends report is generated by the internal SBH-ASO authorization database and describes statistics and patterns regarding authorization and utilization of behavioral health services. The description includes inpatient, outpatient, crisis, and residential services.

Over and Under-Utilization Monitoring Projects

~~**Description:** The SBH-ASO expects each individual to receive the right amount and type of service. The SBH-ASO has mechanisms in place to detect both overutilization and underutilization of services as outlined in the SBH-ASO Utilization Management policies and procedures.~~ Current overutilization metrics include:

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

SBH-ASO will utilize these metrics to identify possible areas of underutilization, resulting in excess dependence on intensive services.

Data Collection and Analysis Plan: Utilization management data is collected from the monthly authorization tracking reports. SBH-ASO Leadership Team monitors its adherence to contracted

utilization management timelines. The Utilization Manager, Leadership Team, Clinical Director,
Medical Director, and the QACC analyzes the reports for trends and opportunities for improvement
relating to SBH-ASO funded behavioral health-crisis services.

Quality Indicators Tracking

Description: The QACC oversees the contractual measures of performance, such as including but
not limited to, metrics for the SBH-ASO Customer Service phone line, Mental Health and SUD
Federal Block Grant services, Crisis System Call Center Performance, Mobile Crisis Team, and any
others as may be required by contract. The QACC reviews interpretations of the data provided by
QM Program staff and makes recommendations based on those interpretations.

~~Specifically, required Crisis System metrics include the following:~~

~~1. Call Center Performance Metrics~~

~~A. Quantity~~

- ~~i. The total number of crisis calls received at the call centers;~~

- ii. ~~Demographic of all crisis callers, to include: name, age, gender, ethnicity, and fund source (Medicaid & non-Medicaid); and~~
- iii. ~~The total number of crisis callers enrolled and active in any behavioral health treatment services.~~

~~B. Quality~~

- i. ~~Crisis Call Center “call abandonment rate” of 5 percent or less;~~
- ii. ~~90 percent of all Call Center crisis calls are answered live within thirty seconds; and~~
- iii. ~~Crisis Call Center utilization rate: frequency of usage by crisis callers within the previous 6 months. Note: this is a total count of crisis calls by individual.~~

~~C. Outcomes~~

- i. ~~Disposition of all Call Center crisis calls: (a) resolved online; (b) referred to mobile crisis outreach and/or Designated Crisis Responder (DCR); (c) referral to outpatient treatment provider; (d) referral to inpatient treatment provider; or (e) referral law enforcement.~~

~~2. Mobile Crisis Outreach Performance Metrics~~

~~A. Quantity~~

- i. ~~The total number of mobile crisis outreach; and~~
- ii. ~~The total number of DCR events.~~

~~B. Quality~~

- i. ~~The number of mobile crisis outreach events in which the response time was within two (2) hours (or less) of the referral to an emergent crisis and 24 hours (or less) for a referral to an urgent crisis.~~

~~C. Outcomes~~

- i. ~~Disposition of all mobile crisis and/or DCR outreach events: (a) resolved on scene; (b) voluntary treatment referral; (c) involuntary treatment referral; or (d) law enforcement referral.~~

~~3. Crisis Services Reporting~~

~~A. Quarterly Reporting~~

- i. ~~All Crisis Services metrics will be reported quarterly (these reports exclude the demographics of all crisis callers). The report is submitted to the HCA by the 15th of the month following the end of the quarter.~~

~~B. Annual Reporting~~

- i. ~~The Crisis Services report is to be submitted to the HCA annually per HCA BH-ASO contract.~~
- ii. ~~The annual report will include a summary, analysis, and findings of all crisis metrics in the previous calendar year.~~
- iii. ~~The annual report will include an analysis of coordination with regional MCO's, community courts system, First Responders, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services, consistent with SBH-ASO HCA contract.~~
- iv. ~~The annual report will include an analysis of Consumer crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Consumer's stability, consistent with SBH-ASO HCA contract.~~
- v. ~~The annual report will include the identification, development, and implementation of any strategies to improve the crisis system over time, consistent with SBH-ASO HCA contract.~~

To include, but not limited to:

- Salish Regional Crisis Line Metrics
- DCR Response Time Reporting
- Authorization/Denials Reporting

~~indicator, and monitor the findings. These findings are reported to providers as appropriate.~~ All indicators are reported to the Internal Quality Committee (IQC) ~~at least quarterly~~ and QACC at least ~~quarterly~~ annually. Baseline and targets, if applicable, are established by SBH-ASO Leadership Team and as required by contract. Data collected and analyzed for each indicator assists the QACC and SBH-ASO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region.

Grievance and Appeal Tracking

Description: The SBH-ASO has a system in place for individuals to pursue grievances, ~~and~~ appeals, ~~as well as~~ access Administrative Hearings. ~~(See SBH-ASO Policy CA402 Grievance System.)~~ The SBH-ASO generates the Grievance System deliverable report, as required by HCA, which tracks SBH-ASO grievances, appeals, Administrative Hearings, and Notices of Adverse Authorization Determinations including Actions on a quarterly basis. The QACC reviews the SBH-ASO quarterly grievance reports to assess trends and inform quality assurance activities.

Data Collection and Analysis Plan: The Ombuds provide to the SBH-ASO ~~Quality and Compliance Manager Deputy Administrator~~ quarterly reports that track the Ombuds outreach and grievance activities. ~~The Ombuds also report trends and issues they have identified to the QACC as they arise.~~ The SBH-ASO collects grievance data directly submitted and resolved within the SBH-ASO and generates a quarterly report deliverable. The QACC reviews the SBH-ASO ~~quarterly grievance Ombuds~~ reports to assess trends and inform quality assurance activities.

Compliance and Program Integrity Plan

Description: The SBH-ASO Compliance and Program Integrity Plan establishes a culture within the network that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law as well as federal and state funded health care program requirements. SBH-ASO ~~S~~staff members, ~~G~~governing ~~E~~Executive ~~B~~Board members, QACC members, ~~network providers~~, and subcontractors that encompass the operations of the SBH-ASO are expected to act in accordance with the Compliance and Program Integrity Plan. ~~(See SBH-ASO Policy Compliance and Program Integrity Plan.)~~

Data Collection and Analysis Plan: The Compliance and Program Integrity Plan includes mechanisms to immediately investigate and report allegations of fraud and abuse to the statewide reporting entity, Medicaid Fraud Control Division, and the HCA. The SBH-ASO ~~Quality and Compliance Manager Officer~~ reviews compliance plans and evidence of applicable trainings through the monitoring reviews occurring annually for each provider and subcontractor. Recommendations are made as needed. The QACC reviews ~~any~~ the review findings and recommendations to assess trends and inform quality assurance activities.

INCORPORATING FEEDBACK

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

- **Community including Individuals and family members**
 - Community Feedback is continually gathered from their participation in the QACC, Ombuds, and the SBH-ASO Advisory Board.
 - Annual surveys
 - **Tribal**
 - Inter-Tribal meetings are held with the SBH-ASO, network providers, and local Tribal Social Services/-Wellness program directors to ensure culturally competent services and system coordination.

- **Network Providers**

Input is gathered individually as well as through their participation on the QACC and other regional meetings.

• Other Stakeholders

- Feedback is incorporated from the monitoring activities of the HCA.
- Results of monitoring activities described in this plan are summarized and reviewed by the QACC and reported to the Advisory Board and Executive Board, as appropriate. Results of each monitoring activity will be documented and communicated to each network provider, as applicable.

⊖

~~—Each Provider is expected to develop a plan to address areas needing improvement.~~

- The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices. Changes

~~may be facilitated by the Network Providers, the Advisory Board, or other processes developed within the SBH-ASO.~~

REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

The Quality Management Plan is reviewed at least ~~annually~~annually, and a report is generated. The necessity for Quality Management Plan changes are identified by the ~~Quality and Compliance Manager~~SBH-ASO Leadership Team based upon contractual changes, through the QACC, and the results of quality management activities described in this plan ~~in consultation with the SBH-ASO Leadership Team.~~

The Quality Management Plan may be revised by SBH-ASO Leadership Team staff upon recommendation of the QACC. ~~Such~~ recommendations are based on data and analysis from the full range of quality assurance activities, including results received from external audits or HCA reviews. Changes to the plan must also occur when required by changes in relevant statutes.

The approved Quality Management Plan is ~~then~~ disseminated to providers, ~~and other~~ stakeholders, ~~within the network~~and the public via the SBH-ASO website.



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

Reviewed Date: 7/12/2019

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 for non-Medicaid Individuals. This policy and procedure delineates the timeframes for notices and the information that must be included in the notice.

PROCEDURE

Timeframes for Authorization Decisions

1. SBH-ASO must provide a written Notice of 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 shall adhere to the requirements set forth in this document under Notification of Coverage and Authorization Determination.
2. SBH-ASO is required to acknowledge receipt of a standard authorization request for behavioral health/psychiatric inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.
3. SBH-ASO shall provide for the following timeframes for authorization decisions and notices:
 - a. For denial of payment that may result in payment liability for the Individual, at the time of any Action 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, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, SBH-ASO will give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.
 - i. An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:
 1. The Individual or the provider requests the extension; or
 2. SBH-ASO ~~or its delegate~~ justifies and documents a need for additional information and how the extension is in the Individual's interest.
 - ii. If SBH-ASO ~~or its delegate~~ extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:
 1. SBH-ASO will provide the Individual written notice within three (3) business days of the decision to extend the

- timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the Individual of the right to file a grievance if he or she disagrees with that decision.
2. SBH-ASO shall issue and carry out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.
- d. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or the SBH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, SBH-ASO will make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.
- i. SBH-ASO will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day, if the information provided is not sufficient to approve or deny the request. SBH-ASO or its delegate must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.
 - ii. SBH-ASO may extend the expedited time period by up to ten (10) calendar days under the following circumstances:
 1. The Individual requests the extension; or
 2. SBH-ASO ~~or its delegate~~ justifies and documents a need for additional information and how the extension is in the Individual's interest.
- e. Concurrent Review Authorizations: SBH-ASO must make its determination within one (1) business day of receipt of the request for authorization.
- i. Requests to extend concurrent care review authorization determinations may be extended to within three (3) business days of the request of the authorization, if SBH-ASO or its delegate has made at least one (1) attempt to obtain needed clinical information within the initial one (1) business day after the request for authorization of additional days or services.
 - ii. Notification of the Concurrent Review determination shall be made within one (1) business day of SBH-ASO decision.
 - iii. Expedited appeal timeframes apply to Concurrent Review requests.

- f. For post-service authorizations, SBH-ASO shall make its determination within thirty (30) calendar days of receipt of the authorization request.
- i. SBH-ASO shall notify the Individual and the requesting provider within ~~two~~ three (23) business days of SBH-ASO's ~~or its delegate's~~ determination.
 - ii. Standard Appeal timeframes apply to post-service denials.
 - iii. When post-service authorizations are approved, they become effective the date the service was first administered.

Notification of Coverage and Authorization Determinations

For all ~~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. Actions and other Adverse Authorization Determinations which includes denials of Contracted Services based on the lack of Available Resources, SBH-ASO shall:~~

- ~~1. Notify the Individual in writing and the requesting provider orally or in writing of the decision.~~
- ~~2. Notify all parties, other than the Individual, in advance whether notification will be provided by phone, mail, fax, or other means.~~
- ~~13.~~ For an ~~adverse~~ authorization ~~determination~~~~decision~~ 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. ~~may initially provide notice orally within seventy-two (72) hours of the request.~~ SBH-ASO shall provide written notification of the decision within one (1) business day ~~seventy-two (72) hours of the decision after the receipt of the request for service.~~
- ~~24.~~ For all authorization decisions, the notice will be mailed as expeditiously as the Individual's health condition requires and within three (3) business days of the decision.
- ~~435.~~ 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.
- ~~465.~~ 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 ~~N~~notice to the Individual and provider shall explain the following:

-
- a. The decision~~action~~ the SBH-ASO has taken or intends to take, and effective date if applicable.
 - b. The specific factual basis for the ~~reasons 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.
 - ~~f.c. — 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. g.d.~~ Information regarding whether and how the Individual may Appeal the decision, **including any deadlines applicable to the process.** The circumstances under which expedited resolution is available and how to request it.
 - ~~h. — 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.

- I. 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.
 - ~~e. The Individual's right to receive SBH-ASO's assistance in filing an Appeal and how to request it, including access to services for Individuals with communication barriers or disabilities.~~
- 5. SBH-ASO shall provide notification in accordance with the timeframes described in this section except in the following circumstances:
 - a. The Individual dies;
 - b. SBH-ASO has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where the Individual understands that termination, reduction, or suspension of services is the result of supplying this information);
 - c. The Individual is admitted to a facility where he or she is ineligible for services.
 - d. The Individual's address is unknown and there is no forwarding address.
 - e. The Individual has moved out of SBH-ASO's service area.
 - f. The Individual requests a change in the level of care.
- 6. Untimely Service Authorization Decisions: ~~If~~ When SBH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination and must follow notification requirements.



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

Reviewed Date: 7/26/2019

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

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 246-341-1134 and 246-341-0365.

CONSENT FOR TREATMENT

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

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

1. The minor and the minor's parent/legal guardian; or
2. The minor without parental consent; or
3. The minor's parent/legal guardian without the minor's consent (Parent-Initiated Treatment [PIT]). (PIT is treated as a voluntary stay for Utilization Management purposes.)

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 GFS, including planned admissions coordinated by the Individual's provider network.
 - b. SBH-ASO is required to acknowledge receipt of a standard authorization request for psychiatric inpatient services within two (2)

hours and provide a decision within twelve (12) hours of receipt of the request.

- c. SBH-ASO will provide written notification of the decision within 72 hours.

SBH-ASO will provide a written Notice of Action to the individual, or their legal representative, if a denial occurs based on medical necessity. 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 must be documented on SBH-ASO authorization forms and must be provided to the hospital within three (3) business days of the authorization, unless the hospital requires receipt of the form prior to continuation of the stay.
- 3. If the required clinical information is not received by SBH-ASO to construct an authorization record, the request will be categorized as withdrawn.

Post-Service Authorization Requests

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

- 1. For post-service authorizations, SBH-ASO will make its determination within 30 calendar days of receipt of the authorization request.
- 2. SBH-ASO will notify the Individual and the requesting provider within two (2) business days of the post-service authorization determination.
- 3. When post-service authorizations are approved, they become effective the date the service was first administered.

Peer-to-Peer Clinical Reviews

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

Involuntary Psychiatric Admissions

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

1. Notification of Initial ITA admissions shall be directed to SBH-ASO.
2. Submitting Initial ITA notification will be conducted by the hospital and/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. The number of initial days authorized for an involuntary psychiatric admission is limited to 20 days from date of detention.
7. Hospitals 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).
8. Salish BH-ASO cannot deny extension requests for Individuals who are detained in accordance of the ITA unless another Less Restrictive Alternative (LRA) is available. Any less restrictive placement would need to be ITA certified and the court would need to change the detention location.

9. Individuals on a continuance will be granted a length-of-stay extension until their next court date. Individuals awaiting placement at Western State Hospital (WSH) will be granted a length-of-stay extension until admission to WSH.
10. 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 principle 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. SBH-ASO shall establish if the Individual is an undocumented alien, possibly qualifying for the AEM program, and instruct the requesting hospital to assist the client in submitting an AEM eligibility request.
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 record the clinical information required through the ProviderOne provider portal within five (5) working days of the discharge. 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 BH-ASO POLICIES AND PROCEDURES

Policy Name: WORKSTATION AND PORTABLE
COMPUTER USE ~~PROCEDURE~~

Policy Number:
PS90811

Effective Date: 1/1/2020

Revision Dates: 1/14/2021

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

~~All staff of Salish Behavioral Health Administrative Services Organization (SBH-ASO) and provider network agencies who use computer terminals, laptop, notebook, or other portable computers must be familiar with the procedure. To define the procedure and responsibility for all staff of Salish Behavioral Health Administrative Services Organization (SBH-ASO) who use computer desktop, laptop, and/or mobile devices. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses this and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by employees. The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited. Demonstrated competence in the requirements of the procedure is an important part of every SBH-ASO employee's responsibilities.~~

POLICY

SBH-ASO staff must monitor the computer's (desktop, laptop, and/or mobile devices) operating environment and report potential threats to the computer and to the integrity and confidentiality of data contained in the computer system. SBH-ASO staff will take appropriate measures to protect computers and data from loss or destruction.

PROCEDURE

Workstation Use

Officers, agents, employees, contractors, and others using portable/laptop computers (users) must read, understand, and comply with this policy

- ~~Personnel~~ Personnel using SBH-ASO computers, laptops, phone sets, or any other SBH-ASO electronic device needs to secure a safe area for their food and

- ~~drinks to prevent damage to these devices will not smoke, eat, or drink at the terminal to prevent damage due to spills and so forth.~~
- Any portable equipment and all related components, and data are the property of SBH-ASO and must be safeguarded and be returned upon request and upon termination of a workforce members employment. Staff are responsible for the equipment SBH-ASO issues during employment.
 - Personnel logging onto the SBH-ASO network system will ensure that no one observes the entry of their password.
 - Personnel will neither log onto the system using another's password nor permit another to log on with their password. Nor will personnel enter data under another person's password. Please refer to the SBH-ASO Policy "Password Protection" Procedure.
 - Each person using SBH-ASO computers is responsible for the content of any data he or she inputs into the computer or transmits through or outside the SBH-ASO system. No person may hide his or her identity as the author of the entry or represent that someone else entered the data or sent the message. All personnel will familiarize themselves with and comply with Kitsap County e-mail policy.
 - No ~~personnel employees~~ may access any confidential or other information that they do not have a need to know. No ~~personnel employee~~ may disclose confidential or other information unless properly authorized (SBH-ASO Confidentiality Use and Disclosure of Protected Health Information Policy).
 - ~~Personnel Employees~~ must not leave printers unattended when they are printing confidential information. This rule is especially important when two or more computers share a common printer or when the printer is in an area where unauthorized personnel have access to the printer.
 - Personnel using the computer system will not write down their password and place it at or near the terminal, ~~such as putting their password on a yellow "sticky" note on the screen or on a piece of tape under the keyboard.~~
 - Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period.
 - Users must at a minimum lockg off the system their computer if ~~he or she leaving leaves~~ the computer terminal unattended for more than thirty (30) minutes or if he/she is leaving the premises.
 - No personnel may download protected health information (PHI) from SBH-ASO system onto USB diskette, CD, hard drive, fax, scanner, any network drive or any other hardware, software, or paper without the express permission of their manager with written notice to the SBH-ASO Privacy Officer.
 - No personnel shall download any software without express written permission of the Kitsap County IS Manager. The Kitsap County IS Manager must approve any software than an employee wishes to download in order to protect against the transmission of computer viruses into the system.

The user agrees to use the equipment solely for SBH-ASO business purposes.
The user further understands:

- The user understands that the hardware has been disabled from performing any functions other than those intended for business use and that the user may not attempt to enable such other functions.
- Computers, associated equipment, and software are for business use only, not for the personal use of the user or any other person or entity.
- Users must use only batteries and power cables provided by SBH-ASO and may not, for example, use their car's adaptor power sources.
- Users will not connect any non-SBH-ASO peripherals (keyboards, printers, modems, etc.) without the express authorization of the Kitsap County Information Services department.
- Users are responsible for securing the unit, all associated equipment, and all data, within their homes, cars, and other locations.
- Users may not leave mobile computer units unattended unless they are in a secured location.
- Users should not leave mobile computer units in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.
- Users must place portable computers and associated equipment in their proper carrying cases when transporting them.
- Users must not alter the serial numbers and asset numbers of the equipment in any way.
- Users will not permit anyone else to use the computer for any purpose, including, but not limited to, the user's family and/or associates, clients, client families, or unauthorized officers, employees, and agents of SBH-ASO.
- Users must report in writing any breach of password security immediately to the SBH-ASO Privacy Officer and Kitsap County IS Department.
- Users must maintain confidentiality when using the computers. The screen must be protected from viewing by unauthorized personnel, and users must properly log out and turn off the computer when it is not in use.
- Users must immediately report in writing any lost, damaged, malfunctioning, or stolen equipment or any breach of security or confidentiality to the SBH-ASO Privacy Officer and Kitsap County IS Department.

File Naming Procedures

~~Any documents or files that contain PHI and are retained by SBH-ASO must include "PHI" in the file name and saved to the secure and confidential drive.~~

Laptop Portable Computer

~~Officers, agents, employees, contractors, and others using portable/laptop computers (users) must read, understand, and comply with this policy.~~

~~No user may, for any purpose, download, maintain, or transmit, confidential or other PHI on a computer without the written authorization of the Privacy Officer upon the recommendation of their manager.~~

~~SBH-ASO strongly discourages the storage of PHI on portable devices by network providers. Any provider that utilizes portable electronic devices (including but not limited to laptops, thumb drives, removable drives, etc.) to store PHI must have a current encryption strategy policy.~~

~~Any portable equipment and all related components, and data are the property of SBH-ASO and must be safeguarded and be returned upon request and upon termination of a workforce members your employment. The workforce member You is are responsible for the equipment SBH-ASO issue's you during your employment.~~

~~The user agrees to use the equipment solely for SBH-ASO business purposes. The user further understands:~~

- ~~• Dial in functions are restricted to dialing into SBH-ASO. User is not permitted to dial into any other unauthorized services, Internet service providers, or any other Internet access or to use the dial-up capabilities in any other manner than as instructed.~~
- ~~— The user understands that the hardware has been disabled from performing any functions other than those intended for business use and that the user may not attempt to enable such other functions.~~
- ~~• Computers, associated equipment, and software are for business use only, not for the personal use of the user or any other person or entity.~~
- ~~• Users will not download any software onto the computer except as loaded by authorized staff of the Information Services department.~~
- ~~• Users must use only batteries and power cables provided by SBH-ASO and may not, for example, use their car's adaptor power sources.~~
- ~~• Users will not connect any non-SBH-ASO peripherals (keyboards, printers, modems, etc.) without the express authorization of the Information Services department.~~
- ~~• Users are responsible for securing the unit, all associated equipment, and all data, within their homes, cars, and other locations.~~
- ~~• Users may not leave mobile computer units unattended unless they are in a secured location.~~
- ~~• Users should not leave mobile computer units in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.~~
- ~~• Users must place portable computers and associated equipment in their proper carrying cases when transporting them.~~
- ~~• Users must not alter the serial numbers and asset numbers of the equipment in any way.~~

- ~~• Users will not permit anyone else to use the computer for any purpose, including, but not limited to, the user's family and/or associates, clients, client families, or unauthorized officers, employees, and agents of SBH-ASO.~~
- ~~• Users must not share their passwords with any other person and must safeguard their passwords and may not write them down so that an unauthorized person can obtain them. (See the Password Protection procedure)~~
- ~~• Users must report in writing any breach of password security immediately to the Privacy Officer.~~
- ~~• Users must maintain confidentiality when using the computers. The screen must be protected from viewing by unauthorized personnel, and users must properly log out and turn off the computer when it is not in use.~~
- ~~• Users must immediately report in writing any lost, damaged, malfunctioning, or stolen equipment or any breach of security or confidentiality to the Privacy Officer.~~

Enforcement

All managers are responsible for enforcing this procedure. The SBH-ASO Privacy Officer is notified of any violations. Employees who violate this procedure are subject to personnel action/discipline.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PROTECTED HEALTH INFORMATION
~~DATA, E-MAIL, AND INTERNET~~
SECURITY POLICY

Policy Number:
PS90912

Effective Date: 1/1/2020

Revision Dates: 1/14/2021

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses this and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by employees/workforce member. The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited.

POLICY

~~The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses these and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by employees.~~

This policy ~~statement~~ provides specific instructions on the ways to secure electronic mail (e-mail) on ~~personal~~ computers (desktop, laptop, and/or mobile devices) and servers.

The policies apply to SBH-ASO ~~employees and business associates/workforce members~~, and covers e-mail located on SBH-ASO computers if these systems are under the jurisdiction and/or ownership of SBH-ASO. ~~The policies apply to stand-alone personal computers with dial-up modems as well as those attached to networks.~~

PROCEDURE

1. ~~Company~~ SBH-ASO Property

As a productivity enhancement tool, SBH-ASO encourages the business use of electronic communications (voice mail, e-mail, and fax). Electronic communications systems and all messages generated on or handled by [SBH-ASO](#) electronic communications systems, including back-up copies, are considered to be the property of SBH-ASO and are not the property of users of the electronic communications services.

2. User Separation

These policies must be implemented where electronic communications systems provide the ability to separate the activities of different users. For example, electronic mail systems must employ user IDs and associated passwords to isolate the communications of different users. However, fax machines that do not have separate mailboxes for different recipients need not support such user separation. All SBH-ASO staff and authorized business associates have unique usernames and passwords to access the e-mail system.

3. User Accountability

- a. ~~Regardless of the circumstances, i~~ Individual passwords must never be shared or revealed to anyone else besides the authorized user. To do so exposes the authorized user to responsibility for actions the other party takes with the password, and it exposes SBH-ASO to considerable risk.
- b. If users need to share computer resident data, they should utilize message-forwarding facilities, public directories on local area network servers, and other authorized information-sharing mechanisms. To prevent unauthorized parties from obtaining access to electronic communications, users must choose passwords that are difficult to guess - not a dictionary word, not a personal detail, and not a reflection of work activities. ~~(Please reference the Password Protection procedure.)~~

4. No Default Protection

Employees are reminded that outgoing SBH-ASO electronic communications systems are not encrypted by default. If [Protected Health Information \(PHI\)](#) must be sent by electronic communications systems outside of the [Kitsap](#) County network, an electronic encryption that meets National Institute of Standards and Technology standards or similar technologies to protect the data must be employed.

5. Respecting Privacy Rights

- a. Except as otherwise specifically provided, employees [and business associates](#) may not intercept or disclose, or assist in intercepting or disclosing, electronic communications. SBH-ASO is committed to respecting the rights of its employees [and business associates](#), including their reasonable expectation of privacy. However, SBH-ASO also is responsible for servicing and protecting its electronic communications networks. To accomplish this, it is occasionally necessary to intercept or disclose, or

assist in intercepting or disclosing, electronic communications.

- b. It is the policy of the SBH-ASO that no e-mail message shall be sent or received that contain ~~protected health information (PHI)~~ unless it is sent with electronic encryption that meets National Institute of Standards and Technology standards, as specified in the HIPAA security rule, and sent to a verified email address. If at any time either a SBH-ASO ~~employee or contractor/workforce member~~ use e-mail to transmit PHI as part of an unencrypted e-mail message, the SBH-ASO employee shall notify the sending party that the e-mail has been sent in violation of our HIPAA Security Policy-; delete the message from their mailbox empty their e-mail trash and notify the SBH-ASO Privacy Officer.
- c. All electronic communications containing PHI shall be protected and secured as defined by this policy-; and may be accomplished by accessing the shared network drive through the system Virtual Private Network/Secure Socket Layer system.

6. No Guaranteed Message Privacy

SBH-ASO cannot guarantee that electronic communications will be private. Employees should be aware that electronic communications could, depending on the technology, be forwarded, intercepted, printed, and stored by others. Furthermore, others can access electronic communications in accordance with this policy.

7. Regular Message Monitoring

It is the policy of SBH-ASO **NOT** to regularly monitor the content of electronic communications. However, the content of electronic communications may be monitored to support operational, maintenance, auditing, security, and investigative activities. SBH-ASO retains the right to monitor messages to ensure compliance with HIPAA AND 42 CFR Part 2 regulations concerning security and client privacy. Users should structure their electronic communications in recognition of the fact that SBH-ASO will from time to time examine the content of electronic communications.

8. Message Forwarding

Recognizing that some information is intended for specific individuals and may not be appropriate for general distribution, electronic communications users should exercise caution when forwarding messages. SBH-ASO sensitive information and PHI must not be forwarded to any party outside SBH-ASO without the prior approval of their manager.

Responsibilities

As defined below, Kitsap County and SBH-ASO staff responsible for electronic mail security has been designated in order to establish a clear line of authority and responsibility.

- Kitsap County Information Systems (IS) must establish e-mail security policies and standards and provide technical guidance on e-mail security to all SBH-ASO staff.
- The SBH-ASO Privacy Officer must review all such policies and procedures to ensure compliance with the ~~agency's overall Privacy and Security Plan and to ensure compliance with~~ applicable HIPAA and 42 CFR Part 2 regulations.
- Kitsap County IS staff must monitor compliance with personal computer security requirements, including hardware, software, and data safeguards. Managers must ensure that their staffs are in compliance with the personal computer security policy established in this document. Kitsap County IS staff must also provide administrative support and technical guidance to management on matters related to e-mail security.
- SBH-ASO managers must ensure that employees under their supervision implement e-mail security measures as defined in this document.

Contact point

Questions about this policy may be directed to the SBH-ASO Privacy Officer.

Enforcement

All managers are responsible for enforcing this procedure. The SBH-ASO Privacy Officer is notified of any violations. Employees who violate this procedure are subject to personnel action.

~~Violation of these policies may subject employees or business associates to disciplinary procedures in accordance with Kitsap County's personnel policies.~~



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PASSWORD PROTECTION

Policy Number: PS910

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

POLICY

The Salish Behavioral Health Administrative Services Organization's (SBH-ASO) privacy and security practices are mandated by state and federal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2.

These regulations require that SBH-ASO deploy and maintain a set of policies, practices, and technologies to safeguard confidential information and ensure that such information is not disclosed to anyone without the proper authorization to view or possess such information.

PROCEDURE

Access Codes and Passwords

The confidentiality and integrity of data stored on SBH-ASO computer systems must be protected by access controls to ensure that only authorized employees have access. This access shall be restricted to only those capabilities that are appropriate to each employee's job duties. The Kitsap County Information Services Department (Information Services Department) will institute a system of access controls consisting first of a unique identification code and password requirement for each employee with a need to use SBH-ASO computer systems and networks. The characteristics of the password requirement will be established by the Information Services Department.

Information Services Responsibilities

- The Information Services Department shall be responsible for the administration of access controls to all SBH-ASO computer systems.
- The Information Services Department will deploy and maintain a set of system/network access and password procedures that require unique user identification codes and passwords that conform to standardized characteristics.

- The Information Services Department will maintain a list of administrative access codes and passwords and keep this list in a secure area.
- The Information Services Department will assign responsibility for maintenance of the access code and password assignment to a qualified individual in the Information Services Department. Additionally, a back-up staff person of the department will also be assigned these duties as a backup to the primary staff person.

Employee Responsibilities

Each employee:

- Shall be responsible for all computer transactions that are made with his/her User ID and password.
- Shall not disclose passwords to others. This should be strictly interpreted by all staff. If a password is requested from an employee, the employee should verify the identity of that person with the Information Services Department staff member responsible for maintenance of the access codes and passwords. If the responsible staff are not available, the employee is instructed not to disclose his/her password.
- Passwords must be changed immediately if it is suspected that they may have become known to others. In the event that an employee suspects or knows that his/her password has become known to an unauthorized person, the employee should immediately report this event to the following agency staff:
 - a. The designated staff person in the Information Services Department responsible for maintenance of access codes and passwords
 - b. The Privacy Officer
- Passwords should not be recorded where they may be easily obtained. Employees shall not display passwords in any area that can be viewed by others. This means practically that passwords should not be written on “sticky” notes on the monitor, placed on paper and taped to the bottom of the keyboard, etc.
- Will change passwords at least every 60 days.
- Should use passwords that will not be easily guessed by others.

Managers' Responsibility

Managers should notify the Information Services Department promptly whenever an employee leaves the SBH-ASO so that his/her access can be revoked. Involuntary terminations must be reported concurrent with the termination.

Enforcement

All managers are responsible for enforcing this procedure. Employees who violate this procedure are subject to disciplinary action.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ADMINISTRATIVE REQUIREMENTS
DOCUMENTATION

Policy Number: PS911

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO), sets out in this policy the standards it will maintain to fulfill the documentation retention requirements for Protected Health Information (PHI).

POLICY

The SBH-ASO will be compliant with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health 04/27/09 (HITECH) Administrative Simplification provisions with regards to documentation retention requirements.

PROCEDURE

SBH-ASO will retain all documentation as described in the privacy rules for a period of ten (10) years from its creation or from the date it was last in effect, whichever is later. This exception relates to all documents including grievances. Documentation will be preserved for the appropriate retention period in whatever medium is considered appropriate for each required item. The material subject to documentation retention requirements is set out in each individual Privacy Policy. The list that follows summarizes these requirements:

1. The notice of privacy practices, with copies of the notices maintained by implementation dates by version.
2. All policies and procedures, with copies of each policy and procedure maintained through each of its iterations.
3. Workforce training efforts.

4. Restrictions to uses and disclosures of Protected Health Information (PHI) that were granted.
5. The designated record set.
6. Personnel roles related to Privacy Rules – the Privacy Official, the person or office designated to receive complaints, the titles of person(s) or office(s) who are responsible for receiving and processing requests for access by individuals, the titles of person(s) or office(s) responsible for receiving and processing requests for amendments and accountings of PHI.
7. For each accounting provided to an individual – the date of disclosure, the name and address of entity or person who received the PHI, a description of the PHI disclosed, a briefly stated purpose for the disclosure, and the written accounting that was provided.
8. Any signed authorization.
9. All HIPAA/HITECH related complaints received and their disposition.
10. Any disciplinary actions against members of the workforce that have been applied as a result of non-compliance.
11. Any use of PHI for research made without the individual’s authorization and any approval or alteration or waiver of PHI for research in accordance with the requirements of 45 CFR Section 164.512(i)(2) and 42 CFR Section 2.52.
12. Any disclosure of PHI that meets the Health Information Technology for Economic and Clinical Health (HITECH) Act definition of “breach”.



Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD AND ADVISORY BOARD MEETING

DATE: Friday, September 17, 2021

TIME: 9:00 AM – 11:00 AM

LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

****Recommend participation by either computer or ZOOM app on your mobile phone. Please use this link to download ZOOM to your computer or phone: <https://zoom.us/support/download>.****

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://us06web.zoom.us/j/91069634743?pwd=YXFEdk9FM2x2UzI0UzI0QWl0US85QT09>

Meeting ID: 910 6963 4743

Passcode: 117019

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 910 6963 4743

Passcode: 117019

A G E N D A

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

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Minutes for July 30, 2021 ([Attachment 5](#))
6. Action Items
 - a. [Summary Enhanced Block Grant Request for Proposals \(RFP\) Process and Advisory Board General Funding Recommendations \(Attachment 6.a.1 and Attachment 6.a.2\)](#)
 - b. [Approval of Enhanced MHBG and Enhanced SABG Plans \(Attachment 6.b.1, Attachment 6.b.2, and Attachment 6.b.3\)](#)
 - c. [SBH-ASO Letter of Interest Process for Recovery Navigator Program and Approval to Proceed with Contracting](#)
7. Informational Items
 - a. [Update on HB1310 and Regional Law Enforcement Response](#)
 - b. [Update on Changes to Behavioral Health Ombuds System](#)
 - c. [Olympic Community of Health Update](#)
 - d. [Advisory Board Update](#)
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BAART	A BayMark health services company, opioid treatment company
BH-ASO	Behavioral Health Administrative Services Organization
CAP	Corrective Action Plan
CBRA	Community Behavioral Health Rental Assistance
CHPW	Community Health Plan of Washington
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCYF	Division of Children, Youth, & Families
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD AND ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

September 17, 2021

Action Items

A. SUMMARY OF ENHANCED BLOCK GRANT RFP PROCESS AND ADVISORY BOARD GENERAL FUNDING RECOMMENDATIONS (EXECUTIVE BOARD ACTION)

On May 24, 2021, SBH-ASO released email notification informing the community of an upcoming RFP for Enhanced Block Grant Funds. The notification outlined steps to be completed to be eligible for these funds if an entity wasn't a current SBH-ASO subcontractor. This notification was sent to the following entities across the 3-county region:

- Licensed Behavioral Health Agencies
- Federally Qualified Health Centers
- 7 Tribes
- Olympic Educational School District
- Current SBH-ASO subcontractors

The Enhanced MHBG and Enhanced SABG RFPs were released July 6, 2021 and closed August 5, 2021.

- No proposals were received for the \$250,000 of Enhanced MHBG funding.
- Twelve (12) proposals from four (4) agencies were received for the Enhanced SABG funding.
 - Proposals only received from agencies in Kitsap and Clallam counties
 - Enhanced SABG requests totaled \$455,631, leaving \$94,369 not requested.

The Advisory Board RFP Committee reviewed the proposals and met on August 30, 2021 to make recommendations. The recommendations are in the attached table "[Enhanced SABG RFP Summary and Recommendations](#)". The recommendation of the committee was to fund all requests fully. All votes were unanimous.

Additionally, SBH-ASO presented a plan for the \$250,000 of unrequested Enhanced MHBG and \$94,369 of unrequested Enhanced SABG. The Advisory Board RFP Committee agreed with SBH-ASO's plan. The recommendations are in the attached table "[Recommendations for Unrequested Enhanced Block Grant Funds](#)."

B. APPROVAL OF ENHANCED MHBG AND SABG PLANS (ADVISORY BOARD ACTION) The Healthcare Authority requires Advisory Board Approval of Federal Block Grant Plans. With the addition of Enhanced MHBG and Enhanced SABG funds, SBH-ASO is required to submit two additional Block Grant Plans following their approval by SBH-ASO's Advisory Board. The attached plans are for July 1, 2021 – March 31, 2023. Both plans reflect the priorities identified by the Advisory Board during the February 2021 Board Meeting and the recommendations of the RFP Review Committee.

- Enhanced MHBG Plan

As noted during the summary of the RFP process, there were no proposals received for Enhanced MHBG funds. SBH-ASO staff recommendations were presented in the attached table "[Recommendations for Unrequested Enhanced Block Grant Funds](#)" in the Agenda Item above. SBH-ASO is proposing \$125,000 of funding be allocated for Crisis Triage within Kitsap County, to include access by Jefferson residents if needed. SBH-ASO recommends allocating the remaining \$115,000 for outpatient treatment services in 2022. Staff will work with providers on a more specific plan for these outpatient treatment funds. Staff will review the attached "[Enhanced Block Grant Plans Summary](#)" and seek Advisory Board Approval. See full [Enhanced MHBG Plan](#) attachment.

- Enhanced SABG Plan

This plan reflects the RFP Committee Recommendations and SBH-ASO staff recommendations. After allocation of funding by the RFP, SBH-ASO recommends the remaining funds be allocated for withdrawal management services (\$5000) and SUD Residential (\$91,800). These two priority categories were identified as needs in the SUD Needs Survey completed by SBH-ASO in Spring 2021. Staff will review the attached "[Enhanced Block Grant Plans Summary](#)" and seek Advisory Board Approval. See full [Enhanced SABG Plan](#) attachment.

C. SBH-ASO LETTER OF INTEREST PROCESS FOR RECOVERY NAVIGATOR PROGRAM AND APPROVAL TO PROCEED WITH CONTRACTING (EXECUTIVE BOARD ACTION)

During the July 30th Executive Board Meeting, Staff provided a high-level summary of SB5476 (Blake Bill) and the role of BH-ASOs in developing new regional Recovery Navigator Programs. SBH-ASO's July 1st contract amendment with the Healthcare Authority included the requirement to plan and implement this new regional program at an extremely rapid pace. Due to the Program's staffing requirements, data reporting requirements and accelerated timeline for implementation, SBH-ASO determined that utilizing its existing contracted network within the 3-county region was the only approach to successfully launch this program by 11/1/21.

On July 29th, SBH-ASO sent email communication to its currently contracted network within the 3-county region seeking Letters of Interest for participation in this new program. Letters of interest were due by August 13, 2021. Letters of interest were received from 2 Clallam County agencies, 1 Jefferson County agency and 2 Kitsap County agencies. On August 25th, SBH-ASO received the final Uniform Program Standards and notification of its annual funding allocation of \$1,435,190. SBH-ASO has determined that the funding allocation is sufficient to support 5 subcontractors providing services within this new program. Approximate funding allocations of \$287,035 were shared with each interested agency and all agencies agreed that funds were sufficient to support their willingness to contract.

SBH-ASO is seeking Executive Board approval to proceed with contracting with the following agencies for the implementation of the Recovery Navigator Program: Reflections Counseling, Peninsula Behavioral Health, Discovery Behavioral Healthcare, Agape Unlimited and West Sound Treatment Center.

Informational Items

D. UPDATE ON HB1310 AND REGIONAL LAW ENFORCEMENT RESPONSE

During the July 30th Executive Board Meeting, Staff provided a high-level summary of HB1310 and the impact on the crisis system. SBH-ASO has taken several steps to support the local community and mitigate the risk of the breakdown of collaborative working relationships between behavioral health crisis agencies and law enforcement agencies.

On August 19th, SBH-ASO facilitated a regional meeting with law enforcement agencies surrounding the impact of HB1310 in the Salish community. SBH-ASO extended an invitation to every law enforcement jurisdiction across the region, Fire/EMS agencies and Behavioral Health Crisis Agencies. Attendance and participation far exceeded expectations. Participants expressed interest in continuing to hold this meeting on a quarterly cadence and SBH-ASO agreed to organize and facilitate.

SBH-ASO created a template for crisis teams to document their requests of law enforcement related to supporting crisis outreach and involuntary treatment investigations. The weekly tracking has indicated 21 contacts over the 5 weeks of tracking. This included 8 in Kitsap, 7 in Jefferson and 6 in Clallam (PBH). No law enforcement contacts have been reported by WEOS.

The Salish region continues to be fortunate that law enforcement jurisdictions are working with our providers to problems-solve challenges. Staff will discuss some early observations from the weekly tracking logs.

E. UPDATE ON CHANGES TO THE BEHAVIORAL HEALTH OMBUDS SYSTEM

In accordance with HB1086, the Ombuds program will be transitioning to a new state office of Behavioral Health Consumer Advocacy. This change is scheduled to fully actualize by October 1, 2022. Historically, the Regional Support Networks (RSNs), Behavioral Health Organizations (BHOs) and BH-ASOs were responsible for ensuring Behavioral Health Ombuds access within their Regional Service Area.

The Department of Commerce was tasked with the contracting for this new agency. The expected roll out will include a Request for Information (RFI) in late September/early October 2021, followed by a RFP in March 2022. Commerce expects to make a contracting decision in June 2022 for a contract start of July 1, 2022.

In a meeting on 8/30/21, it was discussed that ASO contracts will include the administration of Behavioral Health Ombuds services through October 2021 to support a smooth transition. Commerce stated that the chosen "independent non-profit" identified through the RFP will have full decision-making on how the program will be run going forward. Behavioral Health Ombuds across the state have expressed notable anxiety about the limited information being shared. Engagement of stakeholders has been limited. Current Behavioral Health Ombuds are concerned about job security and many programs have seen staff turnover this year. Planning at Commerce in partnership with HCA is still in the early stages.

F. OLYMPIC COMMUNITY OF HEALTH UPDATE

Executive Director, Celeste Schoenthaler, will provide an update on the work the Olympic Community of Health is leading in the region.

G. ADVISORY BOARD UPATE

Chair, Lois Hoell, will provide an update on behalf of the Advisory Board.

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

Friday, July 30, 2021

9:00 a.m. - 11:00 a.m.

VIRTUAL ONLY: ZOOM Virtual Platform

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

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA – Commissioner Greg Brotherton

MOTION: Tribal Representative Theresa Lehman moved to approve the agenda as amended. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Robert Gelder moved to approve the meeting notes as submitted for the March 19, 2021 meeting. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **SBH-ASO INTERLOCAL AGREEMENT**

While electing officers at the January 15, 2021, Executive Board Meeting, the Board commented on the lack of utility of having a Second and Third Vice-Chairs. With the term of the Interlocal Agreement ending on 12/31/2021, the July Board Meeting is an opportunity to take action on amending the terms of the SBH-ASO Interlocal Agreement.

The Interlocal Agreement has been attached in track changes. The only edits made by staff are the elimination of Second and Third Vice-Chairs in Sections D and E of Article VI.

MOTION: Tribal Representative Theresa Lehman moved to approve **SBH-ASO Interlocal Agreement**. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

➤ **SBH-ASO BUDGET UPDATE**

Changes in several SBH-ASO Revenue Contracts necessitated a mid-year budget update. There are several new funding sources included in SBH-ASO's July 1st HCA Contract Amendment. Additionally, there was a significant increase in revenue within SBH-ASO's Community Behavioral Health Rental Assistance Contract with the Department of Commerce. Staff has summarized changes in its annual revenue in the "Summary of Non-Medicaid Revenue" attachment. The blue column identifies anticipated revenue shared at and approved during the January 15, 2021, Executive Board Meeting. The grey column is an updated annual estimate for calendar year 2021 revenue.

Planned changes in SBH-ASO Expenditures is summarized in “Non-Medicaid Expenditure Summary”. The middle column of the attachment reflects expenditures approved during the January 15, 2021, Executive Board Meeting. The far-right column reflects updated expenditures to align with changes in revenue.

Staff anticipates receiving at least 2 off-cycle amendments from HCA before the end of the calendar year. The proposed budget does not include this anticipated revenue as sufficient details has not yet been provided by the HCA.

Staff will provide additional details surrounding the proposed non-Medicaid budget and seek the Board’s approval.

Reviewed the significant increase in revenue within SBH-ASO’s Community Behavioral Health Rental Assistance (CBRA) Contract with the Department of Commerce. Salish is unique that we contract with Coordinated Entry sites for these housing funds and that Salish the highest spending region in the state.

Discussed that there is more structure in some housing programs, and there are priorities of those who are discharging from inpatient settings or individuals at risk of homelessness and have a documented behavioral health condition. Originally HCA rolled out HARPS for short term subsidies, the general and SUD subsidies are continued through HCA. HCA contracted with Department of Commerce for the long-term subsidy. CBRA will be funded by Department of Commerce and HARPS will be funded under HCA.

Reviewed Attachments 6.b.1 and 6.b.2.

Inquiry regarding if these additional funds would address gaps in our 2020 budget and any foreseeable gaps in the future. SBH-ASO was expecting enhanced COVID Block Grant Funds but were not aware that there would be subcategories within the funds. Additionally, the Peer Pathfinders from incarceration from the block grant funds were not expected. Noted that there are funds allocated for SBH-ASO to sponsor trainings across the region. SBH-ASO is developing a plan for 2022 implementation for the crisis services block grant funds. . SBH-ASO is continuing to wait for more details about the additional crisis outreach funds from the HCA. Responding specifically to the potential for foreseeable gaps, the SBH-ASO will know more towards the end of the calendar year, 2021. Discussed that the services gaps will likely be reducing based upon these additional funds being contracted to agencies, however, the challenge with procuring sufficient qualified workforce to provide the services is an on-going challenge. There are still additional funds from the American Rescue Plan to be contracted by the HCA to ASO’s, likely not to be distributed until 2023.

Inquiry regarding SBH-ASO administrative funding and if there is a strain with new funding sources and programming. SBH-ASO will be staffed appropriately with additional staff covering the SB5476 implementation and Program Specialist, which is in active recruitment to provide some support to the team to successfully manage the new funding and programs.

MOTION: Commissioner Rob Gelder moved to approve the SBH-ASO Budget Update. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

➤ **SBH-ASO POLICIES AND PROCEDURES**

Changes in the January 1, 2021 HCA/BHASO Contract, necessitated Policy and Procedure updates. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

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

AD101 Policy Development and Review

AD102 Provider Network Selection and Management

AD105 Customer Service

CL205 Monitoring of Conditional Release, Less Restrictive and Assisted Outpatient Treatment Orders

CP301 Compliance and Program Integrity

CP303 Fraud, Waste and Abuse Compliance Reporting Standards

QM701 Quality Management Plan

UM802 Notice Requirements

UM803 Authorization for Payment of Psychiatric Inpatient Services

PS908 Workstation and Portable Computer Use

PS909 Protected Health Information Data, E-mail and Internet Security

PS910 Password Protection

PS911 Administrative Requirements Documentation

Inquiry regarding policies and procedures related to telework and information security. As Kitsap County is the oversight for policies related to telework, the Kitsap County is continuing to evaluate and provide updates.

SBH-ASO's information security is managed by Kitsap County. The Kitsap County Information Services Department is working to ensure the safe management and security of our information and SBH-ASO noted no concerns regarding our information security.

MOTION: Commissioner Robert Gelder moved to approve SBH-ASO Policies and Procedures. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **HB1310 AND CRISIS SYSTEM IMPACT**

High Level Summary of HB1310

- Replaces existing use of force statute with a new provision that authorizes the use of physical force when necessary to: protect against criminal conduct where there is probable cause to make an arrest; effect an arrest; or prevent escape as defined under chapter 9A.76 RCW; or

protect against an imminent threat of bodily injury to the peace officer, another person, or the person against whom force is being used.

- Authorizes a law enforcement officer to use deadly force only when necessary to protect against an imminent threat of serious physical injury or death.
- Establishes a Duty of Reasonable Care for law enforcement officers:
 - When possible, exhaust available and appropriate de-escalation tactics prior to using any physical force,
 - When using physical force, use the least amount of physical force necessary to overcome resistance under the circumstances,
 - Terminate the use of physical force as soon as the necessity for such force ends,
 - When possible, use available and appropriate less lethal alternatives before using deadly force, and
 - Make less lethal alternatives issued to the officer reasonably available for their use.
- By July 1, 2022, the Attorney General will develop and publish a model policy on law enforcement use of force and de-escalation tactics.
- Requires law enforcement agencies to submit their use of force policies to the Attorney General.

Crisis System Impact

Law enforcement has a long-standing role supporting the safe delivery of crisis services, including involuntary treatment services, in the community. Crisis teams across the state have been supported by law enforcement when conducting community-based crisis outreaches. Law enforcement also assists with transporting individuals that meet criteria for involuntary detention (ITA).

On a routine basis, law enforcement has provided support to Designated Crisis Responders (DCRs) in the community by securing the scene, supporting EMS for transport, and providing direct transport. Law enforcement has also picked up individuals who had court orders mandating inpatient care. Independent of crisis teams, law enforcement would also transport someone they encountered who was in distress and transport to an emergency department, if they felt that was appropriate.

Expected changes due to HB1310 will, and in many cases already has, disrupted the current process. Law enforcement interpretation on this law is currently in flux. The consequences seen so far include jurisdictions that will not respond to any behavioral health call, jurisdictions responding but acting in an observational role, or jurisdictions responding but leaving if no crime is being committed or imminent risk identified. Law enforcement will no longer provide transport or respond for pick up orders. This has also impacted EMS response in some areas as they will not transport without law enforcement participation.

These changes have led to crisis teams across the state expressing concerns about being able to complete community outreaches in a safe manor. This leaves crisis teams in situations where the person may meet criteria for involuntary detention but cannot be transported and therefore, must be left in the community. Crisis teams and law enforcement are working to develop plans and protocols in a continuously changing landscape.

Staff will discuss this in greater detail, including actions taken to support crisis teams and the local community.

SBH-ASO coordinated with all the law enforcement jurisdictions, including Tribal police, Fire, EMS, and National Park Rangers across the Salish region, to solicit the current stance and response to behavioral health dispatch related to HB 1310. Noted that within Salish region, there is only one law enforcement jurisdiction that indicated they would not respond when a behavioral health dispatch is requested. SBH-ASO has noted that some law enforcement jurisdictions will respond only in coordination with co-response of a mental health professional. Some law enforcement will provide response and support only if they have identified a felony being committed. Some law enforcement will arrive on scene but leave when there is not imminent risk identified. Law enforcement agencies are concerned about creating a situation where they are causing an escalation of behaviors.

Discussed concerns regarding community response from our Mobile Crisis Outreach Teams (MCOT) as law enforcement agencies may not respond. SBH-ASO and MCOT have concerns from how an individual can be transported safely to a hospital for medical clearance for an involuntary treatment evaluation or the inability to execute a non-emergent order (i.e.: pick up order) without law enforcement if the individual is not voluntary. Our regional behavioral health crisis teams are coordinating with law enforcement agencies regarding HB 1310 implementation.

Washington Sheriff and Police Chiefs (WASPC) drafted a letter to the bill sponsor representative, Jesse Johnson, requesting that Representative Johnson reach out directly to the Attorney General for more guidance. SBH-ASO inquired as to whether the Health Care Authority (HCA) had any intentions or plans to directly reach out to the Attorney General's office. The HCA noted that they were in conversations but had no plan to request guidance. The SBH-ASO is not an entity that can request guidance from the Attorney General. At this time SBH-ASO is not aware that the Attorney General has been asked to weigh in and provide any guidelines.

SBH-ASO is requesting regional crisis behavioral health agencies track requests to law enforcement and document the response to the request for support. SBH-ASO created a standard template for crisis agencies to utilize for this reporting.

The SBH-ASO is not requesting any action at this time and will provide updates at our next Executive Board meeting. Request to identify regional information related to law enforcement response and situations that reflect the impact of HB 1310.

➤ **SB5476 (STATE V BLAKE) AND THE ROLE OF BH-ASO**

SB5476 is the Legislature's response to the *State v. Blake* decision. Prior to this decision, a person could be found guilty of felony possession of controlled substance without proof that the defendant knew they had possessed the substance. In the *State v. Blake*, the Washington Supreme Court found this statute to be unconstitutional, holding that the Legislature's criminalization of passive conduct with no requirement to prove criminal intent is a violation of due process.

Some of the immediate consequences of *State v. Blake* include, but are not limited to:

- Washington sentences for simple possession of a controlled substance were invalidated
- Immediate release of all pre-trial detainees who's only charged offenses are simple possession

- Remand of drug court participants who's only underlying charge is simple possession and dismiss their charges

Four key elements included in SB5476 include:

Penalty: Adults and juveniles who are in possession of a controlled substance will be subject to a misdemeanor. This has a sunset clause and unless the legislature acts by July 2023 simple possession will be decriminalized.

Law Enforcement Diversion: Law Enforcement are required to offer those in violation of simple possession a "referral to assessment and services" for at least the first two violations
Prosecutor Diversion" The "prosecutor is encouraged to divert cases under this section for assessment, treatment or other services."

Funding: the bill includes \$82,150,000 in funding for treatment of substance abuse

Additional Blake Funding is also in the operating budget (\$86,5000,000)

Role of BH-ASOs

Per SB5476, each BH-ASO must establish a recovery navigator program that provides community-based outreach, intake, assessment, and connection to services to youth and adults with substance use disorders.

SB5476 provides \$2.8mil in funding for BH-ASO staff positions to develop regional recovery navigator program plans and to establish positions focusing on regional planning to improve access to and quality of regional behavioral health services with a focus on integrated care.

SB5476 provides \$42mil in funding to expand substance use disorder services and supports including amounts for prevention, outreach, treatment, recovery supports, and grants to tribes.

Next Steps

- HCA is currently drafting program standards for the Recovery Navigator Program.
- HCA requiring BH-ASOs have a Recovery Navigator Program Administrator in place by July 31, 2021.
- HCA program standards expected to be released in August 2021.
- HCA requiring BH-ASOs to submit progress report on implementation of their regional program by September 1, 2021.
- HCA requesting that regional programs be in place by November 1, 2021.

SBH-ASO reviewed whether the Blake Decision would impact an individual's access to services. There is a significant portion of individuals in drug court that also have Medicaid and could continue to access treatment under that benefit. SBH-ASO conducted a survey of all regional drug courts and only identified one individual that would have lost access, but due to the individual already being enrolled in drug court at the time they have continued access.

The Blake Funding may not include legal financial obligations (LFO's), but some of the biennial operating budget contains funds to support program and municipalities obligations.

Indicated that change in language from SUD Navigators to Recovery Navigators as this program is intended to provide Law Enforcement with the role of a referral source for diversion. The Recovery Navigator program is expanding to a full continuum of community support and outreach services for individuals who may or may not be justice involved.

Noted that the acronym LEAD has been updated to “Let Everyone Advance with Dignity.”

➤ **2020 SBH-ASO QUALITY MANAGEMENT PROGRAM EVALUATION REPORT**

SBH-ASO completed an annual review of its Quality Management Program for calendar year 2020. Crisis Services were the focus for this review period, including crisis hotline, crisis outreach and utilization management. Critical Incidents, grievances and Ombuds service timelines and outcomes were also reviewed. The annual report is attached for the Board’s review. Staff will discuss in greater detail.

Reviewed the SBH-ASO Quality Management Program Evaluation Report. SBH-ASO reported highlights and accomplishments over the 2020 year. Noted the successful implementation of the Salish Regional Crisis Line as provided by Volunteers of America (VOA) in 2020. Reviewed that VOA as of July 2021 is within the required metrics due to staffing and education for new staff. Noted previous challenges related to COVID, staffing retention, and remote work plan implementation. Reviewed successful implementation of our Utilization Management system and SBH-ASO staff have consistently met required metrics to respond to utilization management requests within the required timelines.

SBH-ASO has received no formal grievances or appeals since the ASO’s inception. The SBH-ASO works with Ombuds related to their timelines. In discussions related to Ombuds and grievances, the SBH-ASO has requested data from the MCO’s in our region related to identified enrollee grievances in our region but have not received any response. MCO’s are required to provide this information to HCA. SBH-ASO Ombuds noted that there have been challenges in coordinating with MCO’s to support Medicaid enrollee’s due to privacy.

➤ **2022 EXECUTIVE BOARD MEETINGS**

Remaining Executive Board Meetings in 2021 include a Joint Executive/Advisory Board Meeting on September 17th and a standard Executive Board Meeting on November 19th. Both meetings are currently scheduled as Zoom only.

As many facilities continue to exercise caution and continue to suspend facility reservations, coordinating meeting space to allow for safe distancing could be challenging. Staff would like to discuss the continuance of virtual Executive Board Meetings for the remaining 2 meetings in 2021. Staff would like to discuss Board preference for in-person versus virtual meetings in calendar year 2022.

The Board commented that remaining 2021 Executive Board Meetings should be held virtually and that plans for 2022 logistics can be addressed closer to the end of the calendar year.

➤ **SBH-ASO ADVISORY BOARD UPDATE**

- Block Grant Review Committee (2 Clallam, 1 Jefferson, and 2 Kitsap volunteers)
- Proposals will be provided to the Committee members for review August 6th-30th

- Staff will convene the Review Committee the week of August 30th.
- Recommendations will be shared during the Joint Executive/Advisory Board Meeting on September 17th.

SBH-ASO noted that the RFP is closing next week. mandatory bidders conference was open to all our current contractors as well as community entities. There were 10 of our current 14 outpatient providers were present at the mandatory bidder's conference, and those 10 will be able to submit proposals. SBH-ASO will make full recommendations to the Joint Executive/Advisory Board Meeting on September 17th.

PUBLIC COMMENT

- G'Nell Ashley, Reflections, discussed frustrations of not having enough clinical staff to fill the roles of these new innovative programs, let alone continue to keep the employees currently employed at a wage that is respectable. Requested more support and funding for SUD services. Noted that she is struggling to keep their doors open and pay our staff a reasonable wage.
 - Theresa Lehman, Tribal Representative, provided feedback specific to Clallam County. Theresa noted that Clallam County has significant struggles with finding professionals and a high number of professionals in the area are retiring. Discussed encouraging coordination with local colleges to help educate and promote new professionals.
 - Zoom Chat noted appreciation for G'Nell providing her comment.
- Lori Fleming, Jefferson County's Community Health, Appreciated the coordination with SBH-ASO and the Behavioral Health Consortium in Jefferson County. Highlighted that the Behavioral Health Consortium is directly benefiting from Jolene participating and provide updates every year. She offered that the Behavioral Health Consortium can provide support as needed or requested by the SBH-ASO.

GOOD OF THE ORDER

- Joe Roszak, KMHS, commented in Zoom Chat appreciation to SBH-ASO staff for their coordination with regards to HB1310 and providing updates

ADJOURNMENT – Consensus for adjournment at 11:12 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Helen Havens, SBHASO Advisory Board and 1/10 th of 1% Advisory Board
Commissioner Robert Gelder	Doug Washburn, Kitsap Human Services Director	Lori Fleming, Jefferson County's Community Health
Theresa Lehman, Tribal Representative	Dr. Glenn Lippman, SBH-ASO Medical Director	Joe Roszak, KMHS
Celeste Schoenthaler, OCH Executive Director	Martiann Lewis, SBH-ASO Care Manager	Lisa Rey Thomas, UW Addictions, Drug and Alcohol Institute

None Excused.

G'Nell Ashley, Reflections

NOTE: These meeting notes are not verbatim.

Enhanced SABG RFP Summary and Recommendations

County	Agency	Program	Priority	Program Description/ Major Features	Number Served	Amount of Request	Comments	Recommendations
Kitsap						\$259,100.00		
	Agape	Treatment Services	Adult	Un/Underinsured outpatient services to 126 individuals including 12	126	\$89,100.00	\$700 monthly case rate, \$75 per assessment	Reasonable cost, recommend full costs
	West Sound Treatment Center	SABG Treatment Services	Adult		12/month	\$80,000.00	\$700 monthly case rate, \$150 assessment only, \$25 per peer session; 30% IUID; approx 14% PPW	Recommend full funding
		SABG Recovery Supports	Transportation and employment support	Vocational services and transportation	66	\$30,000.00	\$25/hr vocational services; \$20/30 minutes of transportation (\$200 annual max per person)	Recommend full funding
		PPW Housing	PPW	Rental subsidies for sober living program	9	\$30,000.00	\$350/month per individual	Recommend full funding
		Vocational Services	Innovative	Vocational Navigator program support funding (ID, training costs, GED,	40	\$20,000.00	\$500 cap per individual	Recommend full funding
		ACES Training	Training	Training to 27 staff	N/A	\$10,000.00	Kitsap Strong to provide the training for agency staff, billed on an hourly basis	Recommend full funding
Clallam						\$196,530.56		
	Reflections	Under/Non-insured Treatment	Adult and youth	Covers uninsured individuals as well as individuals with insurance but cannot afford	13-18 per month, including 1 youth	\$90,000.00	\$750 monthly case rate; \$150 assessment only	Recommend full funding
		Mindful Body Recovery Support	Recovery Support and PPW	Client driven support services including passes to facilities	20 clients per month	\$18,000.00	\$1000 per month/\$50/individual	Recommend full funding
		SENSIIST	Innovative	Automated messaging platform to support treatment participation	up to 500 users	\$11,150.00	\$485 per month; \$2400 development	Recommend full funding
		Staff Training	Training	1. Person-Centered Experiential Therapy; 2. LGBTQ+ Youth; 3. "Essential-Self" Care	N/A	\$2,541.56	Cost per training. 10 staff for #1 and #2. 3 staff for #3	Recommend full funding
	True Star	True Star Treatment Services	Youth	3-5 youth per month in treatment including UA services	25-35	\$69,369.00	\$700 monthly case rate	Recommend full funding
		True Star Recovery Supports	Recovery supports and Transportation	Transportation including bus passes and communication support	5/month for 18 months	\$5,470.00		Recommend full funding
Jefferson								
Total Enhanced SABG Requested						\$455,630.56		

Recommendations for Unrequested Enhanced Block Grant Funds

Enhanced MHBG Recommendations for Unrequested Funds		
Crisis Stabilization	\$125,000	\$25,000 per quarter 10/2021-3/2023 (Kitsap and Jefferson)
Outpatient Treatment for 2022	\$115,574	
SBH-ASO Sponsored Training	\$35,000	Peer Certification, Diversity, Clinical
SBH-ASO Administration	\$30,619	
Total	\$306,193	

Enhanced SABG Recommendations for Unrequested Funds		
Withdrawal Management	\$5,000	Funding for 5-8 individuals treatment
SUD Residential	\$91,800	Funding for 15 individuals treatment
Total	\$96,800	

Enhanced Block Grant Plans Summary			
	Recommendation	Funding	Comments
Mental Health Block Grants			
MHBG	SBH-ASO Sponsored Training	\$35,000	Peer Certification, Diversity, Clinical
	Crisis Stabilization	\$125,000	\$25,000 per quarter (Kitsap and Jefferson)
	Outpatient Treatment for 2022	\$115,574	
	SBH-ASO Administration	\$30,619	
Total MHBG		\$306,193	
Crisis MHBG	Mobile Crisis Outreach	\$67,010	
MHBG Peer Pathfinder	Peer Support Services to Jail Transitions programs	\$71,000	
Substance Abuse Block Grants			
SABG	RFP to Providers and Community Partners	\$455,693	Allocated as indicated in RFP Summary
	Training	\$24,406	Peer, Diversity, ASAM
	Withdrawal Management	\$5,000	
	SUD Residential	\$91,800	
	SBHASO Administration	\$64,099	
Total SABG		\$640,998	
SABG Peer Pathfinder	Peer Support Services to Jail Transitions programs	\$71,000	

**MHBG Covid Supplemental Funding
(expended by March 31, 2023)
Proposed Project Summaries and Expenditures**

BH ASO: **Salish** Funding amount: **\$306,193.00**

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Mental Health Block Grant Waiver Provisions/SAMHSA Recommendations:				\$0.00
Crisis Line: Operation of an access line, crisis line, or warm lines to address any mental health issues for individuals.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Training/Equipment MH Crisis Response Services: Training of staff and equipment that supports enhanced mental health crisis response and services.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Mental Health Awareness training for first responders and others.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Hire of outreach and peer support workers for regular check-ins for people with SMI/SED.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce risks of COVID-19 transmission.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				\$0.00
Screening, Brief Intervention and Referral to Treatment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Brief Motivational Interviews	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Parent Training	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Facilitated Referrals	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Relapse Prevention/ Wellness Recovery Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				\$0.00
Assessment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Specialized Evaluations (Psychological and Neurological)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00

Service Planning (including crisis planning)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Outreach	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Outcomes and Performance Indicators:				
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				\$115,574.00
Individual Evidenced-Based Therapies	<i>Begin writing here: Provide direct outpatient services to non-Medicaid individuals.</i>	1	13	Enter budget allocation to this proposed activity \$115,574.00
Group Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Family Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Consultation to Caregivers	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Outcomes and Performance Indicators: Service access for individuals who are non-Medicaid evaluated during monitoring review.				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				\$0.00
Medication Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Pharmacotherapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Laboratory Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Outcomes and Performance Indicators:				
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				\$0.00
Parent/Caregiver Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Skill Building (social, daily living, cognitive)	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Continuing Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Behavior Management	<i>Begin writing here:</i>			Enter budget allocation to this proposed activity

		0	0	\$0.00
Supported Employment	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Permanent Supported Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Mentoring	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Traditional Healing Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-directed life, and strive to reach their full potential.				\$0.00
Peer Support	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Coaching	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Recovery Support Center Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Supports for Self-Directed Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				\$0.00
Personal Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Respite	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Support Education	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Assisted Living Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Trained Behavioral Health Interpreters	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Interactive communication Technology Devices	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				\$0.00
Assertive Community Treatment	<i>Begin writing here:</i>			Enter budget allocation to this proposed activity

		0	0	\$0.00
Intensive Home-Based Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Multi-Systemic Therapy	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Intensive Case Management	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				\$125,000.00
Crisis Residential/Stabilization	<i>Begin writing here: To provide funding for non-Medicaid facility-based crisis stabilization in Kitsap County for Kitsap and Jefferson residents at \$25,000 per quarter</i>	0	63	Enter budget allocation to this proposed activity \$125,000.00
Adult Mental Health Residential	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Children's Residential Mental Health Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Therapeutic Foster Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i> Decrease in inpatient treatment needs by providing crisis stabilization. 3-5 day stay per individual. Decrease in requests for inpatient treatment.				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				\$0.00
Mobile Crisis	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Peer-Based Crisis Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Urgent Care	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
23 Hour Observation Bed	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
24/7 Crisis Hotline Services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				\$65,619.00
Workforce Development/Conferences	<i>Begin writing here: Funding to support implementation and monitoring of this MHBG plan. \$35,000 to support regional Peer Certification training, diversity training, and directed staff training.</i>	0	0	Enter budget allocation to this proposed activity \$65,619.00
Grand Total				\$306,193.00

Covid Enhancement MHBG - Crisis Services Set Aside (expended by March 31, 2023)

Funding Amount: \$67,010.00

Category	Provide a brief plan of action for each supported activity.	Proposed # Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Crisis set aside - services include 24-hour-a-day emergency care services, mobile crisis, crisis line, and Designated Crisis Responders (DCR) services				\$67,010.00
24-hour-a-day emergency care services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Mobile Crisis Services	<i>Begin writing here: Enhancement of current mobile crisis services across the Salish region. Expansion of current capacity to continue to meet the needs of our communities.</i>	2	18	Enter budget allocation to this proposed activity \$67,010.00
Crisis Lines	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Designated Crisis Responders (DCR) services	<i>Begin writing here:</i>	0	0	Enter budget allocation to this proposed activity \$0.00
Grand Total				\$67,010.00

MHBG Covid Supplemental Funding (expended by March 31, 2023) Proposed Project Summaries and Expenditures

Funding Amount: \$71,000

Category/Subcategory	Provide a plan of action for each supported activity	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Peer Pathfinders Transition from Incarceration Pilot			\$71,000.00
Enhance jail transition programs intended to serve those who are exiting correctional facilities in Washington state who have a suspected Substance Use Disorder (SUD) and/or Behavioral Health (BH) conditions. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services.	<i>Begin writing here: Provide for the additional of peer staff to support jail transitions programs in supporting incarcerated individuals to re-integrate into the community.</i>	15	Enter budget allocation to this proposed activity \$71,000.00

SABG Covid Supplemental Funding (expended by March 31, 2023)			
BH ASO:		Salish	Funding amount: \$640,998.00
Category/Subcategory	Provide a plan of action for each supported activity	Proposed # PPW to be served	Proposed Total Expenditure Amount
Substance Abuse Block Grant Waiver Provisions/SAMHSA Recommendations:			
INTERVENTION			\$0.00
In order to respond to overdose deaths during the pandemic a particular area of focus may be the purchase of Naloxone and the materials necessary to assemble overdose kits and the dissemination of such kits to users of cocaine, methamphetamine, and benzodiazepines given the contamination of these substances with illicitly manufactured fentanyl and counterfeit pills to prevent increasing overdose trends among individuals with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
TREATMENT			\$0.00
Integrated SUD treatment with health and family service agencies with a focus on pregnant women and new mothers.		0	Enter budget allocation to this proposed activity \$0.00
Medication assisted treatment (MAT) using FDA - approved medications and accompanying psychosocial and recovery supports: Opioid use disorder (OUD), e.g., buprenorphine, methadone and naltrexone.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Medication assisted alcohol treatment (MAT) using FDA - approved medications and accompanying psychosocial and recovery supports.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
SUD crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Operation of an access line, crisis phone line or warm lines by treatment providers.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Purchase of technical assistance.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
COVID-19 related expenditures including: COVID-19 testing/vaccines (including transportation) for those with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
RECOVERY SUPPORT SERVICES			\$38,000.00
Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services.	<i>Begin writing here: Provision of recovery services within community organizations to support development of recovery skills.</i>	0	Enter budget allocation to this proposed activity \$18,000.00
Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification.	<i>Begin writing here: Sponsoring a Certified Peer training within our region.</i>	0	Enter budget allocation to this proposed activity \$20,000.00
Operation of an access line, crisis phone line or warm lines by recovery support providers.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity

			\$0.00
<i>Outcomes and Performance Indicators:</i> Train as minimum of 15 individuals in the satte approved certified peer training, including access to testing.			
INFRASTRUCTURE			\$12,050.00
Purchase of Personal Protective Equipment for staff and persons receiving SUD services.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery.	<i>Begin writing here: Development of technology for client follow-up to support treatment .</i>	100	Enter budget allocation to this proposed activity \$12,050.00
Hiring of outreach workers for regular check-in for people with SUD.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Provision of workforce support.	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i> Individuals will have reminders and tracking of terament goals by app if desired. Increase efficacy of treatment for these individuals.			
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness:			\$0.00
*PPW Outreach (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Outreach to Individuals Using Intravenous Drugs (IUID)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Brief Intervention	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Drug Screening	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
*Tuberculosis Screening (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.			\$4,369.00
Assessment	<i>Begin writing here: Assessment for individuals who present un or under insured.</i>	30	Enter budget allocation to this proposed activity \$3,469.00
*Engagement and Referral (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$900.00

*Interim Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Educational Programs	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals have access to assessments in real time, within available resources.</i>			
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in Chapter 246-341 WAC.			\$325,000.00
Individual Therapy	<i>Begin writing here:</i>	150	Enter budget allocation to this proposed activity \$110,000.00
Group Therapy	<i>Begin writing here:</i>	150	Enter budget allocation to this proposed activity \$215,000.00
Family Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Multi-Family Counseling Therapy	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Medication Assisted Therapy (MAT) - Opioid Substitution Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Individuals who qualify have access to treatment services, within available resources.</i>			
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.			\$36,500.00
Case Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Recovery Housing	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Supported Employment	<i>Begin writing here: Provide vocational support to individuals who do not qualify for toher vocational programs.</i>	40	Enter budget allocation to this proposed activity \$36,500.00
<i>Outcomes and Performance Indicators: Non-Medicaid, low-income individuals have access to vocational assistance. Individuals will receive support and access employment.</i>			
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.			\$30,000.00
PPW Housing Support Services	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00

Supported Education	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Housing Assistance	<i>Begin writing here: Housing subsidies for PPW housing program</i>	9	Enter budget allocation to this proposed activity \$30,000.00
Spiritual/Faith-Based Support	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: PPW access to clean and sober housing program.</i>			
Intensive Support Services – Services that are therapeutically intensive, coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.			\$0.00
*Therapeutic Intervention Services for Children (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Sobering Services	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in Chapter 246-341 WAC.			\$96,800.00
Sub-acute Withdrawal Management	<i>Begin writing here: Provides funding for withdrawal management for non-Medicoid individuals</i>	5	Enter budget allocation to this proposed activity \$5,000.00
Crisis Services Residential/ Stabilization	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Intensive Inpatient Residential Treatment	<i>Begin writing here: Provide SUD residential treatment services in the 3 facilities within the Salish region.</i>	0	Enter budget allocation to this proposed activity \$91,800.00
Long Term Residential Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Recovery House Residential Treatment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00

Involuntary Commitment	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Access to services for low-income, non-Medicaid individuals within available resources.</i>			
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in Chapter 246-341 WAC.			\$0.00
Acute Withdrawal Management	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators:</i>			
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.			\$17,568.00
*Interim Services (required)	<i>Begin writing here:</i>		Enter budget allocation to this proposed activity \$0.00
*Transportation for PPW (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
Transportation	<i>Begin writing here:Provide bus passes and gas vouchers to support access to treatment and recovery supports.</i>	85	Enter budget allocation to this proposed activity \$17,568.00
*Childcare Services (required)	<i>Begin writing here:</i>	0	Enter budget allocation to this proposed activity \$0.00
<i>Outcomes and Performance Indicators: Transportation is not a barrier to access to treatment services. Individuals have access to support within available resources.</i>			
*Other SABG activities (required) – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.			\$80,712.00
<i>Begin writing here: funds for administration and monitoring of the block grant plan. \$4406 for additional training.</i>			
Grand Total			\$640,999.00

**SABG Covid Supplemental Funding
(expended by March 31, 2023)**

BH ASO:

\$71,000.00

Category/Subcategory	Provide a plan of action for each supported activity	Proposed # Adults	Proposed Total Expenditure Amount
Peer Pathfinders Transition from Incarceration Pilot			\$71,000.00
Enhance jail transition programs with SUD peers services to individuals who upon release will be homeless. SUD Peer Services begin prior to release to establish relationship and upon release to support the transition to needed services	<i>Begin writing here: Add Peer support services to Jail Transitions</i>	15	Enter budget allocation to this proposed activity \$71,000.00



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, December 10, 2021

TIME: 1:00 PM – 3:00 PM

LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

****Recommend participation by either computer or ZOOM app on your mobile phone. Please use this link to download ZOOM to your computer or phone: <https://zoom.us/support/download>.****

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting:

<https://us06web.zoom.us/j/84260258289?pwd=cFFwU2QxWm9lTnNvMnZWMXMxK0x6UT09>

Meeting ID: 842 6025 8289

Passcode: 804707

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 842 6025 8289

Passcode: 804707

A G E N D A

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of Joint SBH-ASO Executive Board and Advisory Board Meeting Minutes for September 17, 2021 (Attachment 5)
6. Action Items
 - a. SBH-ASO Advisory Board Member Appointments
 - b. Approval of Calendar Year 2022 Budget (Attachments 6.b.1, 6.b.2, and 6.b.3)
7. Informational Items
 - a. Recovery Navigator Program Update
 - b. HB1310 Update
 - c. HB1477 (9-8-8 BILL): CRIS Committee Update
 - d. SBH-ASO Advisory Board Update
 - e. 2022 SBH-ASO Executive Board Meetings
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BAART	A BayMark health services company, opioid treatment company
BH-ASO	Behavioral Health Administrative Services Organization
CAP	Corrective Action Plan
CHPW	Community Health Plan of Washington
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
CPC	Certified Peer Counselor
CRIS	Crisis Response Improvement Strategy
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

EXECUTIVE BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

Friday, December 10, 2021

Action Items

A. SBH-ASO ADVISORY BOARD MEMBER APPOINTMENTS

On November 12, 2021, Salish BH-ASO Staff outreached SBH-ASO Advisory Board Members with expiring terms and inquired about interest in continuing to serve on the Board. Staff received responses from all Board Members listed below, except for Jolene Sullivan. All Board Member responses confirmed interest in continuing to serve.

The following SBH-ASO Advisory Board Members have expiring terms:

- Sandy Goodwick, 2-year term expires 12/31/21
- Janet Nickolaus, 1-year term expires 12/31/21
- Anne Dean, 2-year term expires 12/31/21
- Helen Havens, 1-year term expires 11/30/21
- Jon Stroup, 1-year term expires 12/31/21
- Jolene Sullivan, 2-year term expires 12/31/21

The recommendations regarding Board Member reappointment made during the December 3, 2021, Advisory Board Meeting will be presented to the Executive Board.

B. APPROVAL OF CALENDAR YEAR 2022 BUDGET

There are several new funding streams incorporated into the 2022 calendar year budget. A summary of new funding and corresponding new programming is summarized below.

Youth Mobile Crisis Outreach: Senate Bill 5092 appropriated funds to support the development and/or expansion of youth mobile crisis outreach teams. The bill requires that each BH-ASO region have at least 1 youth mobile crisis outreach team by June 30, 2022.

The Salish region does not currently have any mobile crisis outreach teams that only serve youth. Rather, each crisis team is responsible for serving all individuals in their assigned catchment area. This team will be separate and distinct from current mobile crisis outreach teams. This new youth team will provide crisis outreach services and, when indicated, coordinate with existing crisis teams for involuntary treatment investigations.

Staff conducted an analysis of the number of youth served by mobile crisis and number of services rendered for the period of January 2020 – June 2021 for both Clallam and Kitsap Counties.

The data reflected below suggests that only Kitsap County has the population and utilization to justify the cost of a youth mobile crisis team.

	Kitsap County	Clallam County
Jan-June 2020: Average # Youth Served Per Month	15	7
Jan-June 2020: Average # of Services	45	10
July-December 2020: Average # Youth Served Per Month	18	6
July-December 2020: Average # of Services	53	12
Jan-June 2021: Average # Youth Served Per Month	26	8
Jan-June 2021: Average # of Services	64	19

Staff estimates the cost of operating a 2-person youth mobile crisis outreach team in Kitsap County, 7 days a week between 7am-11pm to be \$475,000. This equates to approximately 56% of the new annual funding allocated to expand youth mobile crisis outreach team capacity and aligns with Kitsap County’s proportion of population in relation to Jefferson and Clallam Counties.

The remaining 44% of funding, approximately \$372,000 would then be added to Clallam and Jefferson County Crisis Providers compensation to add Child Mental Health Specialists to their mobile crisis outreach teams. Staff plans to release an RFP in January 2022, specific to Kitsap County, for the Youth Mobile Crisis Outreach Team funding.

Certified Peer Counselor Crisis Team Expansion: Funding has been provided to add a Certified Peer Counselor (CPC) to existing Crisis teams. The CPC will be required to participate in crisis specific peer training that is being developed by DBHR. Crisis Peers may not provide the initial crisis response independently. This position may provide co-response with another crisis staff and/or peer services following a crisis event. Each of the four crisis teams across the region will add the role to their existing team.

Peer Pathfinder Transition from Incarceration Pilot: This program adds Peer services to the existing Jail Transitions Program. Peer services will be available to individuals who are exiting incarceration and up to 120 days post release. The Peer would be connected to the individual pre-release or at release to provide continuity of care through the return to community. The Peer Pathfinder will work with the individuals to bridge any barriers to returning to community. They can provide support tailored to the individuals’ needs including access to community-based services, support with life skills, social support, and reintegration. They will assist the individuals with connecting to formal services as well as informal support based on individual needs and desires. The goal is to assist with transitions back to community and decrease recidivism.

Co-Responder Program: Another new program that supports the behavioral crisis system is the Co-Responder Program. A small allocation of funds, \$100,000 per year, has been allocated to SBH-ASO to partner with law enforcement or other first responder agency (Fire/EMS) to pair a mental health professional and allow for co-response to emergency calls. SBH-ASO was prepared to release an RFP for these funds on 11/19/21 prior to receiving communication from the HCA on 11/18/21 that narrowed the entities that were eligible to submit a proposal.

Due to the number of new programs SBH-ASO is tasked with implementing over the next 6 months, Staff must proceed with implementing other new programs before returning to this program and developing a new plan.

Non-Medicaid Budget

A summary of anticipated calendar year 2022 non-Medicaid revenue is attached for the Board's review. A summary of anticipated calendar year 2022 non-Medicaid expenditures is attached for the Board's review. Staff will review these documents in detail.

Medicaid Budget

A summary of anticipated calendar year 2022 Medicaid Revenue and Expenditures is attached for the Board's review. Staff will review these documents in detail.

Informational Items

A. RECOVERY NAVIGATOR PROGRAM UPDATE

SB5476, which is the legislative response to State v. Blake decision, requires BH-ASOs to establish a Regional Recovery Navigator Program. The Recovery Navigator Program must provide community-based outreach, intake, assessment, and connection to services to youth and adults with substance use or co-occurring needs.

In the Summer of 2021, Health Care Authority (HCA) directed BH-ASOs to have regional programs implemented by November 1, 2021. During the Joint Executive/Advisory Board Meeting on September 17, 2021, staff summarized the planning and provider engagement that had occurred to date, and sought approval to contract with 5 agencies to implement the program by November 1, 2021.

SBH-ASO submitted its Recovery Navigator Program Plan to HCA on October 1, 2021. On November 1, 2021, SBH-ASO was notified by HCA that its plan was fully approved without any contingencies. Since that time, agencies have been working diligently to get staffing in place. There are five teams across the region: Peninsula Behavioral Health and Reflections in Clallam County; Discovery Behavioral Healthcare in Jefferson County; and Agape and West Sound Treatment Center in Kitsap County. Each team includes a Project Manager, Outreach Coordinator/Care Manager, and Recovery Coaches. The teams will coordinate with law enforcement, existing navigator programs, and community members to provide support to individuals who have challenges accessing care in traditional settings.

SBH-ASO has named the Recovery Navigator Program the REAL Program (Recovery, Empowerment, Advocacy, and Linkage). Staff will provide additional details regarding the progress of full program implementation.

B. HB1310 UPDATE

During the July 30th Executive Board Meeting, Staff provided a high-level summary of HB1310 and the impact on the crisis system. SBH-ASO has taken several steps to support the local community and mitigate the risk of the breakdown of collaborative working relationships between behavioral health crisis agencies and law enforcement agencies.

On August 19th, SBH-ASO facilitated a regional meeting with law enforcement agencies surrounding the impact of HB1310 in the Salish community. SBH-ASO extended an invitation to every law enforcement jurisdiction across the region, Fire/EMS agencies and Behavioral Health Crisis Agencies. Attendance and participation far exceeded expectations. Participants expressed interest in continuing to hold this meeting on a quarterly cadence and SBH-ASO agreed to organize and facilitate.

Representatives Goodman, Johnson and Orwall have been facilitating conversations about clarifying legislative language regarding law enforcement responses to behavioral health calls and situations. It is anticipated that there may be a legislative “fix” in the upcoming session.

C. HB1477 (9-8-8 BILL): CRIS COMMITTEE UPDATE

During the March 2021 Executive Board Meeting, staff provided a high-level summary of HB1477, commonly referred to as the “9-8-8 Bill”. HB1477 was, in part, a legislative response to federal legislation. In October 2020, Congress passed the National Suicide Hotline Designation Act of 2020 which changes the National Suicide Prevention Lifeline (NSPL) hotline number and Veteran’s Crisis Line number from 1-800-273-8255, to the 3-digit number, 9-8-8. This change will go fully into effect on July 16, 2022. The ease of remembering the 9-8-8 number made this a welcome change across the U.S. This legislation passed by Congress permits states to add a tax to telecom bills to pay for expected increase in call volume associated with the change to 9-8-8. 9-8-8 calls can only be routed to call centers accredited by the National Suicide Prevention Lifeline.

In addition to creating a single 3-digit number that anyone in Washington can utilize when wishing to reach a suicide prevention line, HB1477 directs significant changes to and expansion of the behavioral health crisis response system. HB1477 established the Crisis Response Improvement Strategy (CRIS) Committee and CRIS Steering Committee. Two of the thirty-six CRIS Committee seats are held by BH-ASO Representatives.

D. SBH-ASO ADVISORY BOARD UPDATE

Lois Hoell, Chair, will provide an update on behalf of the Advisory Board.

E. 2022 SBH-ASO EXECUTIVE BOARD MEETINGS

SBH-ASO Executive Board Meetings in calendar year 2022 are planned for the 3rd Friday of the month from 9am-11am in the months of January, March, May, July, September, and November. Once this plan is confirmed by the Board, staff will send out calendar invitations to secure the dates.

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

September 17, 2021

9:00 a.m. - 11:00 a.m.

VIRTUAL ONLY: ZOOM Virtual Platform

CALL TO ORDER – Commissioner Greg Brotherton, Chair, called the meeting to order at 9:01a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS –

- Sandy Goodwick, SBH-ASO Advisory Board Member, noted that the years that she has been with the SBHO to the SBH-ASO that she is deeply impressed. She appreciated how the SBH-ASO conducts themselves, specifically adhering to the law, policies, and responding to the public need.
- Daniel Montana, Port Angeles Fire Department, participated as a Member of the Program Standards Committee for the Recovery Navigator Program that is being presented to the board today. Daniel participated in a discussion regarding the SBH-ASO's plan to implement the Recovery Navigator Program (RNP) and it does not align with the intent of the RNP Standards Committee. He stated that the RNP was intended to connect programs and organizations that were already doing this type of work and it is a new and unique, "outside the box," program. Noted that he wanted those existing programs, with established working processes and programming to be able to expand and enhance their programs. Requested programs who have done these services have the ability to access and show how they can best use these funds. Offered any perspective or insight regarding this program and the current services offered.
- Amy Miller, Program Director, Clallam County Arrest and Jail Alternatives Program, which includes REdisCOVERY Program as an outreach program, reports to run a Navigator type program. Reported that she recently learned while serving on another board what she believes is the appearance of impropriety and not fair and balanced. Discussed that they were not made aware of the need for the RNP to use existing contracted providers and reported that they were not offered to contract when made available by the SBH-ASO. It was reported to her that the reason for this decision was due to data requirements and the quick turnaround of implementation. It is her belief that it would be a quicker implementation process if the money was offered to or at least available to agencies that are already doing this type of work. She supports Reflections in moving forward with the RNP as she believes that they are out in the community as the program standards intended. Believes that the process should be a competitive process to allow those LEAD-like programs already in the region to have an opportunity.
 - Noted that Kim Hendrickson was going to write a public comment to be shared.
 - Stephanie Lewis, SBH-ASO Administrator, noted that at the time of these comments the SBH-ASO staff have not received a write in for public comment from Kim Hendrickson.
- Sandy Goodwick, SBH-ASO Advisory Board Member, reports to have met Daniel Montana and Amy Miller at an Opioid Conference, as well as a Clallam County Health and Healing Group where she heard Amy speak regarding homelessness in Port Angeles. She notes that a person she knew became homeless and needed behavioral health support and she reached out to countless organizations, however, when she reached out to Amy Miller's efforts that helped the person finally get some behavioral health support and basic needs met. Helen Havens, SBH-ASO Advisory Board Member, commented regarding her belief that she did not know that there

were any restrictions to any particular group as there were a lot of applicants. Noting that she found it curious that no mental health agencies applied for the funding.

- Stephanie Lewis, SBH-ASO Administrator, attempted to clarify the public comments, as they are not related to the process that the SBH-ASO advisory board was involved in related to the Block Grant RFP. The Block Grant RFP recommendations are a later action item also to be discussed in today's meeting.

APPROVAL of AGENDA – Commissioner Greg Brotherton

MOTION: Commissioner Mark Ozias moved to approve the agenda as submitted. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Tribal Representative Theresa Lehman moved to approve the meeting notes as submitted for the July 30, 2021 meeting. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

ACTION ITEMS

- **SUMMARY ENHANCED BLOCK GRANT REQUEST FOR PROPOSALS (RFP) PROCESS AND ADVISORY BOARD GENERAL FUNDING RECOMMENDATIONS (EXECUTIVE BOARD ACTION)**

On May 24, 2021, SBH-ASO released email notification informing the community of an upcoming RFP for Enhanced Block Grant Funds. The notification outlined steps to be completed to be eligible for these funds if an entity wasn't a current SBH-ASO subcontractor. This notification was sent to the following entities across the 3-county region:

- Licensed Behavioral Health Agencies
- Federally Qualified Health Centers
- 7 Tribes
- Olympic Educational School District
- Current SBH-ASO subcontractors

The Enhanced MHBG and Enhanced SABG RFPs were released July 6, 2021 and closed August 5, 2021.

- No proposals were received for the \$250,000 of Enhanced MHBG funding.
- Twelve (12) proposals from four (4) agencies were received for the Enhanced SABG funding.
 - Proposals only received from agencies in Kitsap and Clallam counties
 - Enhanced SABG requests totaled \$455,631, leaving \$94,369 not requested.

The Advisory Board RFP Committee reviewed the proposals and met on August 30, 2021 to make recommendations. The recommendations are in the attached table "*Enhanced SABG RFP Summary and Recommendations*". The recommendation of the committee was to fund all requests fully. All votes were unanimous.

Additionally, SBH-ASO presented a plan for the \$250,000 of unrequested Enhanced MHBG and \$94,369 of unrequested Enhanced SABG. The Advisory Board RFP Committee agreed with SBH-ASO's plan. The recommendations are in the attached table "*Recommendations for Unrequested Enhanced Block Grant Funds.*"

Reviewed the unrequested Enhanced MHBG and SABG funds. SBH-ASO is proposing to be allocated \$125,000 for crisis stabilization facility-based services that would be at Kitsap Mental Health Crisis Triage Center. Addressed discrepancy from the above summarization statement of \$250,000 of unrequested Enhanced MHBG vs. the \$306,193 funds listed in the PowerPoint and attachment 6.b.1. Discussed that these funds exclude the administrative costs associated.

MOTION: Commissioner Mark Ozias moves that the Board approve the Advisory Committee recommendations for funding Enhanced Block Grant RFP Process as presented. Tribal Representative Theresa Lehman seconded the motion. Theresa Lehman Motion carried unanimously.

MOTION: Commissioner Mark Ozias moved to approve recommendations for the unrequested Mental Health Block Grant Funds (MHBG) and Substance Abuse Block Grant (SABG) funds as presented. Motion carried unanimously.

➤ **APPROVAL OF ENHANCED MHBG AND SABG PLANS** (ADVISORY BOARD ACTION)

The Healthcare Authority requires Advisory Board Approval of Federal Block Grant Plans. With the addition of Enhanced MHBG and Enhanced SABG funds, SBH-ASO is required to submit two additional Block Grant Plans following their approval by SBH-ASO's Advisory Board. The attached plans are for July 1, 2021 – March 31, 2023. Both plans reflect the priorities identified by the Advisory Board during the February 2021 Board Meeting and the recommendations of the RFP Review Committee.

- Enhanced MHBG Plan

As noted during the summary of the RFP process, there were no proposals received for Enhanced MHBG funds. SBH-ASO staff recommendations were presented in the attached table "*Recommendations for Unrequested Enhanced Block Grant Funds*" in the Agenda Item above. SBH-ASO is proposing \$125,000 of funding be allocated for Crisis Triage within Kitsap County, to include access by Jefferson residents if needed. SBH-ASO recommends allocating the remaining \$115,000 for outpatient treatment services in 2022. Staff will work with providers on a more specific plan for these outpatient treatment funds. Staff will review the attached "*Enhanced Block Grant Plans Summary*" and seek Advisory Board Approval. See full *Enhanced MHBG Plan* attachment.

- Enhanced SABG Plan

This plan reflects the RFP Committee Recommendations and SBH-ASO staff recommendations. After allocation of funding by the RFP, SBH-ASO recommends the remaining funds be allocated for withdrawal management services (\$5000) and SUD Residential (\$91,800). These two priority categories were identified as needs in the SUD Needs Survey completed by SBH-ASO in Spring 2021. Staff will review the attached "*Enhanced Block Grant Plans Summary*" and seek Advisory Board Approval. See full *Enhanced SABG Plan* attachment.

MOTION: Helen Havens moved to approve Approval of Enhanced MHBG and SABG Plans (Advisory Board Action). Jon Stroup seconded the motion. Motion carried unanimously.

➤ **SBH-ASO LETTER OF INTEREST PROCESS FOR RECOVERY NAVIGATOR PROGRAM AND APPROVAL TO PROCEED WITH CONTRACTING (EXECUTIVE BOARD ACTION)**

During the July 30th Executive Board Meeting, Staff provided a high-level summary of SB5476 (Blake Bill) and the role of BH-ASOs in developing new regional Recovery Navigator Programs. SBH-ASO's July 1st contract amendment with the Healthcare Authority included the requirement to plan and implement this new regional program at an extremely rapid pace.

Due to the Program's staffing requirements, data reporting requirements and accelerated timeline for implementation, SBH-ASO determined that utilizing its existing contracted network within the 3-county region was the only approach to successfully launch this program by 11/1/21. On July 29th, SBH-ASO sent email communication to its currently contracted network within the 3-county region seeking Letters of Interest for participation in this new program. Letters of interest were due by August 13, 2021. Letters of interest were received from 2 Clallam County agencies, 1 Jefferson County agency and 2 Kitsap County agencies.

On August 25th, SBH-ASO received the final Uniform Program Standards and notification of its annual funding allocation of \$1,435,190. SBH-ASO has determined that the funding allocation is sufficient to support 5 subcontractors providing services within this new program. Approximate funding allocations of \$287,035 were shared with each interested agency and all agencies agreed that funds were sufficient to support their willingness to contract.

SBH-ASO is seeking Executive Board approval to proceed with contracting with the following agencies for the implementation of the Recovery Navigator Program: Reflections Counseling, Peninsula Behavioral Health, Discovery Behavioral Healthcare, Agape Unlimited and West Sound Treatment Center.

MOTION: Commissioner Robert Gelder moved to approve SBH-ASO Letter of Interest Process for Recovery Navigator Program and Approval to Proceed with Contracting. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **UPDATE ON HB1310 AND REGIONAL LAW ENFORCEMENT RESPONSE**

During the July 30th Executive Board Meeting, Staff provided a high-level summary of HB1310 and the impact on the crisis system. SBH-ASO has taken several steps to support the local community and mitigate the risk of the breakdown of collaborative working relationships between behavioral health crisis agencies and law enforcement agencies.

On August 19th, SBH-ASO facilitated a regional meeting with law enforcement agencies surrounding the impact of HB1310 in the Salish community. SBH-ASO extended an invitation to every law enforcement jurisdiction across the region, Fire/EMS agencies and Behavioral Health Crisis Agencies. Attendance and participation far exceeded expectations. Participants expressed interest in continuing to hold this meeting on a quarterly cadence and SBH-ASO agreed to organize and facilitate.

SBH-ASO created a template for crisis teams to document their requests of law enforcement related to supporting crisis outreach and involuntary treatment investigations. The weekly tracking has indicated 21 contacts over the 5 weeks of tracking. This included 8 in Kitsap, 7 in Jefferson and 6 in Clallam (PBH). No law enforcement contacts have been reported by WEOS.

The Salish region continues to be fortunate that law enforcement jurisdictions are working with our providers to problems-solve challenges. Staff will discuss some early observations from the weekly tracking logs.

➤ **UPDATE ON CHANGES TO THE BEHAVIORAL HEALTH OMBUDS SYSTEM**

In accordance with HB1086, the Ombuds program will be transitioning to a new state office of Behavioral Health Consumer Advocacy. This change is scheduled to fully actualize by October 1, 2022. Historically, the Regional Support Networks (RSNs), Behavioral Health Organizations (BHOs) and BH-ASOs were responsible for ensuring Behavioral Health Ombuds access within their Regional Service Area.

The Department of Commerce was tasked with the contracting for this new agency. The expected roll out will include a Request for Information (RFI) in late September/early October 2021, followed by a RFP in March 2022. Commerce expects to make a contracting decision in June 2022 for a contract start of July 1, 2022.

In a meeting on 8/30/21, it was discussed that ASO contracts will include the administration of Behavioral Health Ombuds services through October 2021 to support a smooth transition. Commerce stated that the chosen “independent non-profit” identified through the RFP will have full decision-making on how the program will be run going forward. Behavioral Health Ombuds across the state have expressed notable anxiety about the limited information being shared. Engagement of stakeholders has been limited. Current Behavioral Health Ombuds are concerned about job security and many programs have seen staff turnover this year. Planning at Commerce in partnership with HCA is still in the early stages.

➤ **OLYMPIC COMMUNITY OF HEALTH UPDATE**

Executive Director, Celeste Schoenthaler, will provide an update on the work the Olympic Community of Health is leading in the region.

Celeste provided the following link for New Strategic Plan that the OCH Board adopted earlier this week: [OCH Strategic Plan \(usfiles.com\)](#), in addition provided the Summary link: [Strategic Plan-Summary \(usfiles.com\)](#). Due to time, she requested to share OCH work around stigma of substance use disorder in the Executive Board November 2021 meeting.

➤ **ADVISORY BOARD UPATE**

Chair, Lois Hoell, will provide an update on behalf of the Advisory Board.

PUBLIC COMMENT

- Amy Miller, Program Director of REdisCOVERY, Jail Alternatives Programming in Clallam County. Amy wanted to ensure that everyone participating in this meeting is aware that there is already contracting and problem-solving occurring regarding the SB 5476/Blake Bill. Specifically, Clallam County Sheriff’s Office and Port Angeles Police Department (PAPD) to

develop a referral process. States that this creates competition in small counties. Provided thanks for the work that the Executive Board has done. Voiced concerns for other existing programs, such as Daniel's (Clallam County Fire), Fire CARES (Poulsbo) and other programs. Encouraged coordination and inclusion of existing programs to ensure that there is not direct competition.

- G'Nell, Reflections, appreciated and thanked the Executive and Advisory Board for considering and fully funding this innovative program to Reflections. She looks forward to sharing successes to future SBH-ASO Board meetings. Offered thanks to the SBH-ASO staff for their continued commitment to each of the three (3) counties with respect to ensuring that services are provided. Noted that Reflections continues to partner with the fire department, as well as Amy with REdisCOVERY, and look forward to partnering as they have.
- Lori Fleming, Jefferson County CHIP, noted that Jefferson County was seemingly absent around this funding that was available and referenced that with the compressed timelines and lack of bandwidth could have been a barrier to this funding. She suggested that the Behavioral Health Consortium (BHCC) in Jefferson County would be a place to have these conversations. She offered October 14th BHCC as a meeting where SBH-ASO and others may be able to attend.
- Daniel Montana, Port Angeles Fire Department, inquired as to the contract duration of the Recovery Navigator Program for the agencies.
 - Stephanie Lewis, SBH-ASO Administrator, reported that the contracts are implemented through June 2022.

GOOD OF THE ORDER

- Stephanie Lewis, SBH-ASO Administrator reminded the next Meetings will continue to be virtual:
 - SBH-ASO Behavioral Health Advisory Board is scheduled for December 3, 2021 from 10am-12pm.
 - SBH-ASO Behavioral Health Executive Board is scheduled for November 19, 2021 from 9am-11am.

ADJOURNMENT – Consensus for adjournment at 11:03 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Executive Board Members	Stephanie Lewis, SBH-ASO Administrator	G'Nell Ashley, Reflections
Commissioner Mark Ozias	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Lori Fleming, Jeff Co. CHIP
Commissioner Greg Brotherton	Glenn Lippman, M.D., SBH-ASO Medical Director	Daniel Montana, PA Fire Department
Commissioner Robert Gelder	Martiann Lewis, SBH-ASO Care Manager	Amy Miller, REdisCOVERY
Theresa Lehman, Tribal Representative	Nicole Oberg, SBH-ASO Program Specialist	Rob Welch, Jamestown S'Klallam Tribe
Celeste Schoenthaler, OCH Executive Director	Doug Washburn, Kitsap Human Services Director	Vivian Morey, Bridges Ombuds
Advisory Board Members		

Lois Hoell, SBH-ASO Advisory Board		
Sandy Goodwick, SBH-ASO Advisory Board		
Anne Dean, SBH-ASO Advisory Board		
Janet Nickolaus, SBH-ASO Advisory Board		
Jon Stroup, SBH-ASO Advisory Board		
Helen Havens, SBH-ASO Advisory Board		
Excused:		
<i>None Excused</i>		

NOTE: These meeting notes are not verbatim.

SBH-ASO Non-Medicaid Revenue - Calendar Year 2022	
State (GFS)	\$4,200,744.00
Mental Health Block Grant (MHBG)	\$329,354.00
Substance Abuse Block Grant (SABG)	\$1,209,622.00
Designated Marijuana Account (DMA)	\$226,560.00
Criminal Justice Treatment Account (CJTA)	\$261,806.00
State Drug Court (CJTA)	\$210,880.00
CJTA Therapeutic Courts	\$220,870.00
Secure Detox	\$101,592.00
Jail Services	\$112,434.00
5480- ITA non-Medicaid	\$163,260.00
Program for Assertive Community Treatment (PACT)	\$138,996.00
Detention Decision Review	\$27,492.00
Long-term Civil Commitment (court costs)	\$6,444.00
Trueblood Misdemeanor Diversion	\$131,280.00
Assisted Outpatient Treatment (AOT)	\$61,764.00
Crisis Triage/Stabilization	\$446,004.00
Behavioral Health Advisory Board	\$39,996.00
Ombuds	\$22,500.00
E&T Discharge Planners	\$107,294.00
Family Youth System Parent Round Table (FYSPRT)	\$75,000.00
Peer Bridger	\$160,000.00
ASO Enhancement Funds	\$224,904.00
SB 5092 Youth Mobile Crisis Teams	\$847,068.00
SB 5073 ASO Monitoring of CR/LRA	\$40,000.00
SB5476 Recovery Navigator Administrator	\$140,000.00
(Blake) Recovery Navigator Program	\$1,435,190.00
MHBG COVID Crisis Services	\$53,608.00
MHBG COVID Peer Bridger Participant Funds	\$5,925.00
MHBG COVID Certified Peer Counselor Crisis Team Expansion	\$152,720.00
MHBG COVID Services non-Medicaid Individuals	\$244,954.00
MHBG COVID Peer Pathfinders from Incarceration Pilot	\$56,800.00
SABG COVID Peer Pathfinders from Incarceration Pilot	\$56,800.00
SABG COVID Services non-Medicaid Individuals	\$515,998.00
Block Grant Co-Responder (6 monts of revenue)	\$50,000.00
HCA HARPS	\$790,440.00
Commerce HARPS	\$643,827.00
HCA Emergency COVID Grant	\$114,500.00
Total Non-Medicaid Revenue	\$13,626,626

Summary of Non-Medicaid Expenditures - January 1 - December 31, 2022	
Crisis Line	\$204,000.00
Crisis Response/Mobile Outreach	\$1,891,080.00
Certified Peer Counselor Crisis Expansion	\$137,448.00
Youth Mobile Crisis Outreach Expansion	\$847,068.00
Co-Responder Program (to start 7/1/22)	\$45,000.00
Crisis Outreach Performance Metric	\$48,248.00
Total Crisis	\$3,172,844.00
Involuntary Psychiatric Inpatient	\$2,000,000.00
ITA Secure Withdrawal Management and Stabilization	\$351,000.00
ITA Court Costs	\$300,000.00
LRA/CR Outpatient Monitoring and Treatment	\$61,764.00
Total Involuntary	\$2,712,764.00
Facility-based Crisis Stabilization	\$100,000.00
SUD Residential Treatment	\$112,440.00
SUD Withdrawal Management	\$4,000.00
Total Residential Treatment	\$216,440.00
SABG RFP Awards (SUD Outpatient and Recovery Supports)	\$364,504.00
MH Outpatient	\$92,459.00
PACT	\$138,996.00
PPW Childcare	\$70,000.00
PPW Housing Support	\$50,000.00
Transportation	\$31,000.00
Total Outpatient and Recovery Supports	\$746,959.00
Difficult to Discharge/High Risk Individual Set-aside	\$250,000.00
New Program Development Set-aside	\$345,854.00
Recovery Navigator (REAL) Program	\$1,435,190.00
CJTA	\$693,556.00
E&T Discharge Planners	\$107,294.00
Peer Bridger and PB Participant Funds	\$165,925.00
ASO Enhancement Payments	\$224,904.00
Jail Services and Jail Peer Transition Pilot	\$226,034.00
Behavioral Health Advisory Board	\$39,996.00
Community Education/Training	\$50,455.00
FYSPRT Meeting and Stipends	\$15,000.00
OMBUDS	\$27,500.00
Interpreter Services	\$2,000.00
SBH-ASO Housing Program (Subsidies and Services)	\$1,350,324
Emergency COVID Subcontract	\$94,500
Total Miscellaenous	\$5,028,532.00
BH-ASO Operations	\$1,749,087.00
Total Expenditures	\$13,626,626.00

Medicaid Budget: January - December 2022	
Revenue*	
MCO Revenue (Amerigroup, CHPW, Coordinated Care, Molina, United Healthcare)	\$ 3,903,702
Total Medicaid Revenue	\$ 3,903,702
Medicaid Expenditures	
Crisis Services	
Regional Crisis Line	\$ 264,300
Crisis Response Teams/Mobile Crisis Outreach	\$ 2,865,464
Other Medicaid Expenses	
Ombuds (through 9/1/22)	\$ 52,947
BH-ASO Administration	\$ 360,360
Hold for Reconciliation Adjustments	\$ 360,631
Total Medicaid Expenses	\$ 3,903,702

** Revenue is estimated as SBH-ASO is paid on a per member per month (PMPM) basis by each MCO. As Medicaid Membership fluctuates, so does Salish's Medicaid Revenue.*