



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

AGENDA

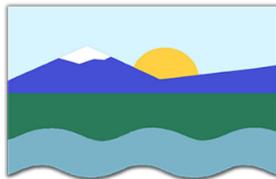
Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of 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
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

[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 (\$86,500,000)

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.usfiles.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.

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- 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.

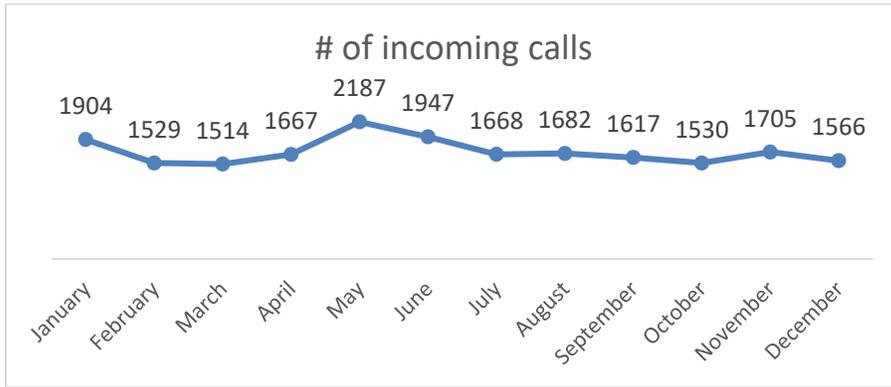
Quality Indicators

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.

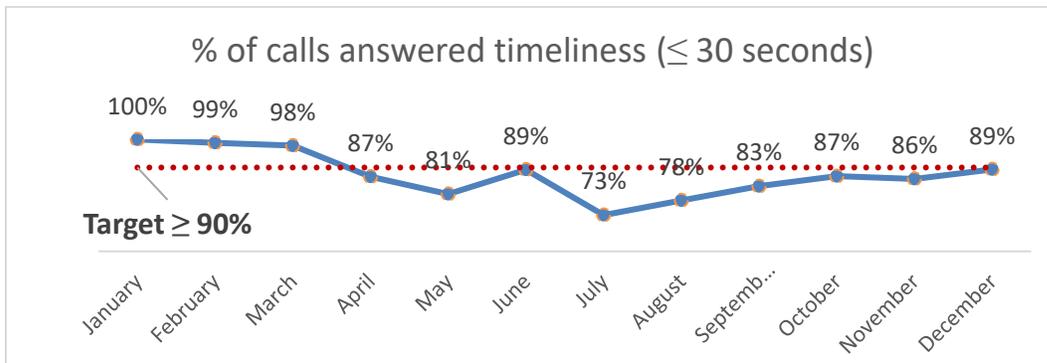
SBH-ASO Quality Program Evaluation

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.

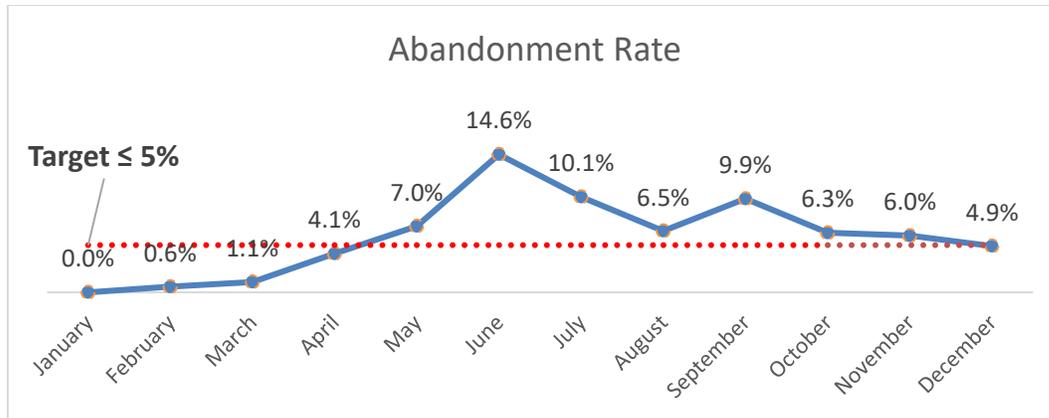


The target metric is that 90 percent of calls received are answered within 30 seconds or less. The following table reflects the monthly percentage of calls answered within 30 seconds or less for the SRCL. Following the onset of COVID, the metric fell below the target and remained below for the remainder 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.

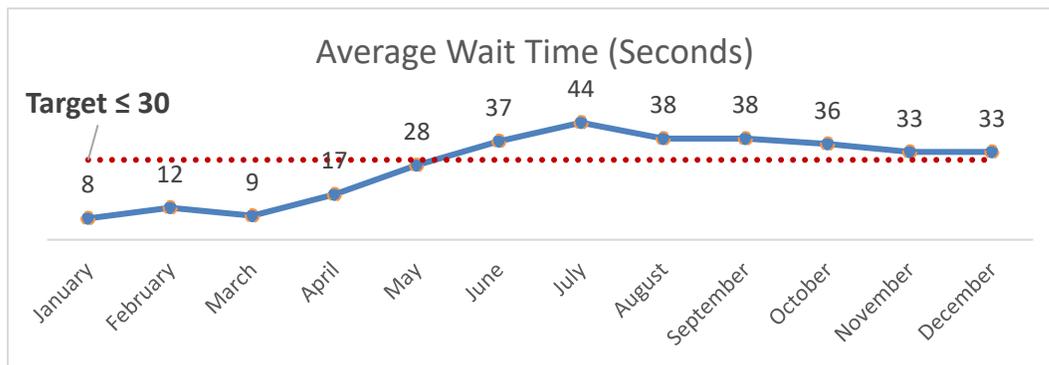


The target metric for abandoned calls is five percent or less. The following table shows the monthly abandonment rate for 2020. Contributing factors mirror those mentioned for in the call timeliness section above. This metric was also included in the corrective action for the contractor.

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.