SBH-ASO EXECUTIVE BOARD MEETING

Policy and Procedures with Track Changes

Supplemental Packet Attachment 6.c.2 and 6.c.3

Summary of Policy and Procedure Changes for Executive Board Approval

Chapter	Number	Title	Description of Updates
Administration	AD101	Policy Development and Review	6/18/2021 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	1/4/2021 REVISION: 1. Updated Policy Name 2. Clairified and expanded self-directed remediation section
Administration	AD105	Customer Service	1/20/2021 REVISION: 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	2/3/2021 REVISION: 1. Updated language to align with other Policies 2. Added additional language around reporting and monitoring specifications
Compliance	CP301	Compliance and Program Integrity	4/8/2021 REVISION 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	4/8/2021 REVISION: 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	4/8/2021 REVISION: 1. Complete rewrite of policy to focus on crisis services as the primary SBH-ASO service modality.
Utilization Management	UM802	Notice Requirements	2/23/2021 REVISION: 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	6/18/2021 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 Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/01/2020

Revision Dates: 2/5/2020; 6/18~~x~~/2021

Reviewed Date: 4/16/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020

PURPOSE

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

POLICY

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

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

PROCEDURE

Document Development

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

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

Document Review/Revision

1. Policies and procedures will be reviewed at least annually.
2. Changes in contractual requirements, delegation agreements and/or state or federal regulations will require a review of policies and procedures.
    a. Corrective action plans imposed by the HCA may require modification of any policies or procedures by the SBH-ASO relating to the fulfillment of its obligations pursuant to its contract with the State
3. When reviews do not reveal a need for a revision, the review is documented by entering a review date in the document header and obtaining the SBH-ASO Administrator's signature.
4. When a review results in the need for revision, the review is documented by entering a review date in the document header and the policy is forwarded to the Policy and Procedure Committee.
5. The Policy and Procedure Committee reviews all revised policies prior to presentation to the SBH-ASO Executive Board for approval.
6. Once a policy is approved by the SBH-ASO Executive Board, the SBH-ASO Administrator will forward it to designated staff for upload to the SBH-ASO website.

Document Preservation and Distribution

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

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PROVIDER NETWORK SELECTION AND MANAGEMENT~~, RETENTION, MANAGEMENT, MONITORING AND SYSTEM MANAGEMENT~~

Policy Number: AD102

Effective Date: 1/01/2020;

Revision Dates: 2/19/2020; 1/14/2021

Reviewed Date: 5/02/2019; 8/29/2019

Executive Board Approval Dates: 5/17/2019; 11/1/2019; 5/22/2020

PURPOSE

To provide guidelines, instructions and standards for the selection, retention, management and monitoring of Salish Behavioral Health Administrative Services Organization (SBH-ASO) providers and subcontractors that comply with contract requirements, delegation agreements and all applicable regulations. Additionally, to provide instructions for the process of SBH-ASO self-directed remediation.

POLICY

SBH-ASO develops, maintains, manages and monitors an appropriate and adequate provider network, supported by written agreements, sufficient to provide all contracted services under HCA and MCO 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, ~~Washington State~~ and all~~or~~ ~~a~~other ~~f~~Federal ~~Department~~ or Washington State health care programs~~Agency~~.
3. SBH-ASO will not discriminate, with respect to participation, reimbursement or indemnification, against providers practicing within their licensed scope solely on the basis of the type of license or certification they hold. However, SBH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties.
4. If SBH-ASO declines to include an individual or group of providers in its network, written notice of the reason for its decision shall be provided.
5. SBH-ASO will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
6. SBH-ASO selects and retains providers based on their ability to meet the clinical and service needs, as well as the service area need to support the population of individuals that SBH-ASO is to serve. If applicable, this includes the ability to provide crisis services twenty-four (24) hours a day, seven (7) days a week. SBH-ASO shall consider the following in the selection and retention of its network:
    a. Expected utilization of services
    b. Characteristics and health needs of the population
    c. Number and type of providers able to furnish services
    d. Geographic location of providers and individuals, including distance, travel time, means of transportation and whether a location is American with Disabilities Act (ADA) accessible
    e. Anticipated needs of priority populations listed in contract
    f. SBH-ASO's available resources

7. SBH-ASO ~~has~~ maintains a crisis network with enough capacity to serve the regional service area (RSA) to included, at a minimum, the following:
    a. Designated Crisis Responders (DCR)
    b. Evaluation and Treatment (E&T) capacity to service the RSA's non-Medicaid population
    c. Psychiatric and Substance Use Disorder involuntary inpatient beds to serve the RSA's non-Medicaid population
    d. Staff to provide mobile crisis outreach in the RSA

8. SBH-ASO shall have a non-crisis behavioral health network with ~~enough~~ capacity to serve the RSA's non-Medicaid populations, within available resources.
9. Within available resources, SBH-ASO will establish and maintain contracts with office-based opioid treatment providers that have obtained a waiver under the

Drug Addiction Treatment Act of 2000 to practices medication-assisted opioid addiction therapy.

Network Management

1. SBH-ASO Staff, ~~Provider Network~~ and Subcontractors ~~staff~~ are trained at the time of orientation and periodically to understand and effectively communicate the services and supports that comprise the region-wide behavioral health system of care.
    a. Integrated Provider Network Meetings are conducted at least quarterly to ensure on-going communications with subcontractors. Issues for the agenda may include, but are not limited to: contract requirements, program changes, Best Practice updates, quality of care, quality improved activities, performance indicators, and updates to state and federal regulations and requirements.
    b. SBH-ASO provides performance data and member experience data upon request.
2. SBH-ASO contract language clearly specifies expected standards of performance and the indicators used to monitor subcontractor performance. SBH-ASO collaborates with its provider network in implementing performance improvements.
3. SBH-ASO is committed to maintaining a provider network that is reflective of the geographic, demographic and cultural characteristics of the Salish RSA.
4. SBH-ASO requires its provider network to offer hours of operation and accessibility for individuals that are no less than those ~~the hours of operation~~ offered to any other client.

Network Evaluation and Monitoring

1. Provider Network and Subcontractor evaluation and monitoring is accomplished by:
    a. Performing reviews per HCA and MCO contract requirements for all its subcontractors. By contract, subcontractors agree to cooperate with SBH-ASO in the evaluation of performance, and to make available all information reasonably required by any such evaluation process. Subcontractors shall provide access to their facilities and the records documenting contract performance, for purpose of audits, investigations, and for the identification and recovery of overpayments within thirty (30) calendar days.
        i. When a need for corrective action is identified during such reviews, subcontractors will address areas of non-compliance via their quality improvement processes and will provide evidence of sustained improvement.
        ii. SBH-ASO will review findings for trends requiring system level intervention and report such findings to the Salish Leadership Team, Quality Assurance and Compliance Committee (QACC) and the SBH-ASO Executive Board for Action.
    b. Determining contract renewals based on compliance with contract requirements. Additionally, SBH-ASO reviews corrective actions,

utilization data, critical incident reports, handling of grievances and financial audits.

c. Retaining and exercising the right to terminate a contract if the subcontractor has violated any law, regulation, rule or ordinance applicable to services provided under contract, or if continuance of the contract poses material risk of injury or harm to any person. Denial of licensure renewal or suspension or revocation will be considered grounds for termination in accordance with the contract term.
    i. In the event of a subcontractor termination, a notification shall occur, and the following will commence:
        1. If a subcontract is terminated or a site closure occurs with less than 90 calendar days, SBH-ASO shall notify the HCA as soon as possible.
            a. If a subcontract is terminated or site closes unexpectedly, SBH-ASO shall submit a plan within seven (7) calendar days to HCA that includes:
                i. Notification to Ombuds services and Individuals
                ii. Provision of uninterrupted services
                iii. Any information released to the media

2. SBH-ASO retains documentation of all subcontractor monitoring activities; and upon request by HCA, shall immediately make all audits and/or monitoring activities available to HCA.

Federal Block Grant Subcontractors

1. In addition to the procedures identified above, the following apply to subcontractors receiving Federal Block Grant Funds.
    a. SBH-ASO ensures that its subcontractors receive an independent audit if the subcontractor expends a total of $750,000 or more in federal awards from any and/or all sources in any state fiscal year.
    b. SBH-ASO ~~also~~ requires the subcontractors to submit the data collection form and reporting package as specified in 2 C.F.R. Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor within ten (10) business days of audit reports being completed and received by subcontractors.
    ~~a.~~c. SBH-ASO shall follow-up with any corrective actions for all subcontract audit findings in accordance with 2 C.F.R. Part 200, Subpart F.

    ~~b.~~d. SBH-ASO shall conduct and/or make arrangements for an annual fiscal review of each subcontractor receiving Federal Block Grant funds regardless of reimbursement methodology and shall provide HCA with documentation of these annual fiscal reviews upon request. The annual fiscal review shall ensure that:
        i. Expenditures are accounted for by revenue source.

ii. No expenditures were made for items identified in the Payment and Sanctions section of the HCA-BHASO Contract.
iii. Expenditures are made only for the purposes stated in the HCA-BHASO Contract and the SBH-ASO/Subcontractor Contract.

Corrective Action

1. SBH-ASO evaluates delegate/subcontractor performance prior to imposing corrective action.
2. SBH-ASO monitors delegate/subcontractor activity on a consistent basis.
3. SBH-ASO evaluates available data on at least a quarterly basis, and as necessary.
4. If SBH-ASO determines that a delegate/subcontractor's performance is failing to meet contract requirements, corrective action may be initiated**.**
5. SBH-ASO shall allow delegate/subcontractor 30 calendar days from receipt of corrective action letter to submit a corrective action plan.
6. If the corrective action plan is accepted, the delegate/subcontractor shall have 60 days for implementation, with the exception of any situation that poses a threat to the health or safety of any person.
7. SBH-ASO subcontracts outline the general corrective action procedures.
8. SBH-ASO maintains an internal process for reporting and tracking corrective actions issued by SBH-ASO and corrective action plans submitted by delegates/subcontractors.
9. Delegate/Subcontractor failure to meet measurements of corrective actions may include ~~result in~~ additional remediation up to and including the termination of contract.

Self-directed Remediation

1. Any issues directly involving SBH-ASO that are determined to not be meeting policy or contractual benchmarks will be remediated under the auspices of the ~~QACC~~SBH-ASO Leadership Team.
    a. Remediation may be accomplished through staff training, supervisory oversight and/or personnel action as indicated.
2. All remediation processes ~~and outcomes~~ are reported to the QACC by SBH-ASO Leadership Team ~~by the QACC Chair~~.
3. The SBH-ASO Leadership Team will determine the final action to be taken while considering recommendations given by QACC.
4. Outcomes will be reported to QACC recorded in QACC meeting minutes.

~~1.~~

SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: ~~0~~1/~~0~~1/2020

Revision Dates: 1/20/21

Reviewed Date: ~~0~~4/16/2019

Executive Board Approval Dates: ~~0~~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 ~~, in addition to a~~ local telephone number within the local calling range for customer service issues..

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

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

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

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

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

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

i. Staff are identified by name, role, and organization name when initiating or returning calls including those regarding UM issues.

ii. Staff has access to Interpreter and TDD/TTY services to assist with callers who need them.

~~2.~~B. Staff have the ability to receive inbound communication regarding UM after normal business hours.

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

~~ii. Staff has access to Interpreter and TDD/TTY services to assist with callers who need them.~~

~~3. SBH-ASO shall staff its customer service line with a sufficient number of trained customer service representatives to answer the phones~~. ~~Staff shall be able to access information regarding eligibility requirements and benefits; GFS/FBG services; refer for behavioral health services; and resolve Grievances and triage Appeals.~~

iii.

~~4. SBH-ASO trains customer service staff on GFS/FBG policies and procedures.~~

~~5.~~3. SBH-ASO ~~shall develop and maintain~~ customer service ~~policies and procedures that address the~~ staff have access to and are trained in the following:

A. Access to information regarding eligibility requirements and benefits;

B. Information on GFS/FBG services;

C. How to refer for behavioral health services;

D. How to resolve Grievances and triage Appeals.

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

F. Authorization requirements;

~~SBH-ASO trains customer service staff on GFS/FBG policies and procedures.~~

~~B. and~~

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

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

~~6.~~5. SBHASO customer service~~The~~ clinicians shall assess any~~the~~ crisis and warm transfer the call to the Salish Regional Crisis Line for referral to ~~a~~ Designated Crisis Responder (DCR), call 911, refer the Individual for services or to his or her provider, or resolve the request or crisis, based on identified need.~~.~~

6. All calls (incoming/outgoing/VM) are~~will be~~ documented i~~o~~n the SBH-ASO C~~c~~all L~~l~~og. The SBHASO Call Log documentation includes, at a minimum ~~Logs are kept that include at a minimum, the minimum requirements of~~ the initial call information (including the caller's name and contact information) ~~,~~ reason for ~~type~~ of call, and date of attempted resolution.~~,~~ ~~time to answer the call with a live voice, and abandoned calls.~~ Call Log reports may ~~This log is~~ be provided to the Health Care Authority for review upon request.

7. SBH-ASO phone system provides data on time to answer the call with a live voice and abandoned calls.

MONITORING

SBH-ASO ~~Administrator~~ Leadership Team shall review Customer Service logs quarterly to ensure:

1. ~~T~~that the average speed ofAt least 90% of customer service calls are being answered with a live voice during open hours within~~is~~ 30 seconds,
2. ~~and that~~ C~~c~~ustomer services calls have an abandonment rate of ~~less than~~ 5% or less.
3. Any performance found to be below contract standards will be brought to the Internal Quality Committee (IQC) and Quality Assurance and Compliance Committee (QACC) for Corrective Action recommendations to the SBH-ASO Leadership Team..

4. Any ~~C~~corrective actions required will be determined and monitored by SBH-ASO Leadership Team. Corrective actions may be process~~system~~ and/or staff related.

Monitoring of internal customer service line will be achieved by monitoring of monthly reports and call samples by the SBHASO Clinical Director. ~~Metrics for these reports include:~~

~~1. Time to answer (less than 30 seconds)~~
~~2. Abandonment rate~~
~~3. Length of call~~
~~4. Metrics on customer service staff~~
~~a. Time to answer~~
~~b. Frequency of answering~~
~~c. Frequency of phone setting to "not available"~~

~~Report will be monitored for trends by Clinical Director. Trends will be reviewed by QUAC. Corrective actions required will be determined by SBH-ASO Leadership Team. Corrective actions may be system or staff related.~~

~~All calls (incoming/outgoing/VM) will be documented on the SBH-ASO call log. Use of the log will be monitored for consistency and cross referenced to customer service calls. This will be done by a monthly sample of calls and follow up.~~

SALISH BH-ASO POLICIES AND PROCEDURES

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

Policy Number: CL205

Effective Date: ~~0~~1/~~0~~1/2020

Revision Dates: 2/3/2021

Reviewed Date: ~~0~~7/30/2019~~; 2/3/21~~

Executive Board Approval Dates: 11/01/2019

PURPOSE

The purpose of this policy is to ensure a consistent and meaningful process for individuals who are ineligible for Medicaid to participate in Conditional Releases (CR), Less Restrictive Orders (LRO), or Assisted Outpatient Treatment (AOT) orders.

POLICY

To provide monitoring for Salish Behavioral Health Administrative Services Organization (SBH-ASO) eligible n~~N~~on-Medicaid individuals referred for services in accordance with Civil Conditional Releases (CR), Less Restrictive Orders (LRO), or Assisted Outpatient Treatment (AOT) ~~orders~~ guidelines. ~~Salish Behavioral Health Administrative Services Organization (~~

SBH-ASO~~)~~ ~~SBH-ASO shall~~ offers ~~mental~~ behavioral health services to Individuals on LRO or AOT who are ineligible for Medicaid to ensure LRA requirements, within available resources.

SBH-ASO eligible non-Medicaid individuals on a CR will be provided behavioral health services to ensure compliance with conditional release requirements.

Less restrictive alternative treatment, that is monitored, includes, at a minimum, ~~includes~~ the following ~~services~~:

(a) Assignment of a care coordinator;
(b) An intake evaluation;
(c) A psychiatric evaluation;

(d) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
(e) A transition plan addressing access to continued services at the expiration of the order;
(f) An individual crisis plan~~; and~~

Less restrictive alternative treatment may additionally include requirements to participate in the following services:
(a) Medication management;
(b) Psychotherapy;
(c) Nursing;
(d) Substance abuse counseling;
(e) Residential treatment; and
(f) Support for housing, benefits, education, and employment.

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

~~STATE ONLY FUNDING~~

Legal status does not preclude the individual's financial responsibility for outpatient services. ~~State funds payment by Salish Behavioral Health Administrative Services Organization (SBH-ASO) for individuals receiving State plan services shall be considered payment in full as long as they meet State funding qualifications and do not have third party resources.~~

~~State-only funded individuals will initially be authorized for services for 390 days. Reauthorizations will need to meet continuing stay or legal status criteria every 390 days.~~

PROCEDURE

1. The inpatient psychiatric or secure withdrawal management facility must first contact the ~~BHA~~ Provider to request the ~~BHA~~Provider assume responsibility of the ~~State-only funded~~non-Medicaid CR/LRO/AOT. This contact must be a written request and is expected to occur prior to the individual's discharge from the facility.
2. SBH-ASO Providers shall screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.
3. The ~~BHA~~Provider will notify SBH-ASO to request authorization for ~~LR~~ monitoring services.
4. The ~~BHA~~Provider is responsible for providing ~~LRA~~ monitoring services for the duration of the court order.
5. ~~BHA~~Providers shall provide monthly reporting to include compliance with the court order, ~~each~~ any violation of the conditions of the CR/LRO/AOT,

consideration to pursue revocation, attempts to contact/engage the individual, consideration for release, and any coordination required. This report is submitted to SBH-ASO via online form.

5.a. These reports will be monitored by SBH-ASO Care Managers and any identified issues will be referred to the SBH-ASO Clinical Director.

6. Individuals on an AOT are not able to be revoked. If the individual refuses to comply with the conditions of the AOT, the BHAProvider should coordinate with the Designated Crisis Responder (DCR) office regarding the violation(s) to determine if there are grounds for a new evaluation for a detention.
7. DCRs shall maintain a system which tracks CRs/LROs/AOTs, as well as ensuring BHAProviders are informed of the process for extending a CR/LRO/AOT.
8. BHAProviders shall request an extension, if clinically appropriate, from their local DCR office three to four (3 to 4) weeks prior to the expiration of the CR/LRO/AOT.

9. A BHAProvider assigned to monitor an enrolled individual on a CR/LRO/AOT may not discharge the individual from mental behavioral health services while they are on the CR/LRO/AOT.

REVOCATION OF LR/CR ORDERS

Revised Code of Washington (RCW) 71.05 and 71.34 establishes criteria for revocation procedures of an LR/CR Order for an adult. RCW 71.34.780 provides guidance on revocation procedures of an LR/CR Order for a minor..

COORDINATION OF CARE

In order to ensure integrated, well-coordinated, and medically necessary services are delivered to individuals on a CR/LRO/AOT, BHAProvider's will need to work closely with DCRs and other allied professionals in the community. BHAProviders are required to adhere to SBH-ASO Policy and Procedure CL201 Ensuring Care Coordination.

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

Salish Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/1/2020

Revision Dates: 2/19/2020; 4/8/2021

Reviewed Date: 7/19/2019; 9/25/2019; 10/7/2019

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

PURPOSE

The purpose of this policy is to outline and define the scope, responsibilities, operational guidelines, controls, and activities employed by the Salish Behavioral Health Administrative Services Organization (SBH-ASO) to ensure that we maintain an environment that facilitates ethical decision making and that we act in accordance with regulations and federal and state laws that govern the SBH-ASO.

POLICY

General Requirements

The SBH-ASO has~~will have~~ policies and procedures that guide and require the SBH-ASO and its officers, employees, agents, and Behavioral Health Agencies (BHAs) to comply with following Compliance and Program Integrity requirements. The SBH-ASO ~~will~~ includes Compliance and Program Integrity requirements in its subcontracts.

The SBH-ASO ~~will~~ follows OIG's (Office of Inspector General) Seven Fundamental Elements of an Effective Compliance Program to ensure program effectiveness. These elements are:

1. Implementing written policies, procedures, and standards of conduct.
2. Establishing compliance oversight.
3. Developing effective lines of communication and screening.
4. Conducting effective training and education.
5. Conducting internal monitoring and auditing.
6. Enforcing standards through well-publicized disciplinary guidelines.
7. Responding promptly to detected offenses and undertaking corrective action.

PROCEDURE

I. Compliance Officer and Committee:

A. The SBH-ASO will employ an experienced member of staff as the Compliance Officer (CO) who may also be known as the Program Integrity Officer (PIO). The

CO is responsible for developing and overseeing policy and coordinating monitoring activities.

1. The CO has direct access to the Executive Board.

B. The CO routinely provides information to the Quality and Compliance Committee (QACC), as well as to the Behavioral Health Advisory Board (BHAB) and Executive Board, as needed.

1. The QACC is comprised of representatives from the SBH-ASO lead staff, which includes representatives from IS, Quality/Compliance, Medical/Clinical, and Finance (as needed).
2. The CO maintains independence by always having:
    i. Direct supervision from the SBH-ASO Deputy Administrator.
    ii. The right to directly meet with the Executive Board independently if the circumstances warrant (e.g., in case of QACC or Administrator inaction).
3. ~~The CO may (without prior approval) seek legal assistance from the SBH-ASO legal counsel regarding issues related to Fraud, Waste, and Abuse (FWA).~~
4.3. In consultation with the QACC, the CO may revise the Compliance and Program Integrity Plan ("the Plan"), as appropriate, and as approved by the Executive Board.
    a. The Plan will be made available through its posting on the SBH-ASO website.

C. The CO duties include the following:

1. To oversee and monitor SBH-ASO compliance activities. This includes maintaining ongoing communication and interactions with the SBH-ASO Lleadership Team ~~(including the Administrator, Clinical Director, and Medical Director)~~ for the promotion of an environment and culture that prevents and detects FWA.
2. To assist the SBH-ASO Administrator, the QACC, and the Executive Board in establishing and maintaining a methodology for preventing and detecting FWA, including (but not limited to):
    i. Creating, updating, and utilizing a risk assessment methodology;
        a. This methodology will be reviewed with the QACC at least annually in reference to its applicability and need for revision.
    ii. Incorporating compliance monitoring into the audits completed on provider agencies.
    iii. Assuring that focus is given to the highest volume/highest risk providers.
    iv. Addressing audit findings (internal or external) pertinent to the SBH-ASO.
    v. Assisting with the regular provision of FWA training to SBH-ASO Sstaff and the Executive Board.

vi. Ensuring training is provided to the SBH-ASO Provider Network~~'s staff and leadership~~.

3. To report at least quarterly to the QACC, and annually to the Executive Board, on the implementation of the Plan.
4. To annually review the Plan and recommend revisions to the QACC and the Executive Board as necessary.
5. To coordinate internal auditing and monitoring activities within the SBH-ASO.
   i. In addition to the SBH-ASO ~~A~~administrative ~~c~~Contract ~~c~~Compliance process ~~Monitoring policy (AD103)~~, and in certain circumstances, the CO may be authorized ~~by the Administrator (in consultation with legal counsel)~~ to implement an immediate on-site compliance review when critical and time-sensitive issues associated with potential FWA have been reported. The CO will provide immediate feedback to the appropriate parties ~~to the Administrator and the Executive Board~~ regarding the findings and need for interventions.
6. To receive and investigate reports of possible violations of this SBH-ASO policy ~~and/or contract~~.

~~7.~~i. To promptly respond to detected violations.

~~8.~~7. To participate in the development of policies and programs that encourage employees and providers to report suspected violations of thi~~s~~e policy without fear of retaliation.

~~9.~~8. To identify areas where corrective actions are needed and, in consultation with the QACC, develop strategies to improve compliance and prevent future incidents of noncompliance.

i. This may include, as necessary, the implementation of SBH-ASO employee disciplinary action that is uniformly applied and delivered fairly (documented appropriately in the employee's compliance file and personnel file, when appropriate).

~~10.~~9. As a part of the ongoing monitoring and auditing of the policy, the CO, in cooperation with the QACC, establishes mechanisms to notify employees and providers of changes in laws, regulations, or policies, as necessary, to assure continued compliance.

i. This may include updating SBH-ASO and provider educational materials and ensuring that persons associated with the SBH-ASO complete required annual training on FWA prevention and reporting.

II. Implementing written policies, procedures, and standards of conduct.

A. The Executive Board, Administrator, and CO will develop and maintain policies and procedures that address the SBH-ASO's Compliance activities.

B. The CO will review the Plan annually (at a minimum) and update it to ensure that it continues to address all applicable federal and state compliance mandates.

C. The CO will ensure that the Executive Board confirms any needed changes and that the updated policy is distributed to all SBH-ASO staff and persons associated with the SBH-ASO (including board members, volunteers, and subcontractors~~BHAs~~).

D. SBH-ASO staff, board members, volunteers, and subcontractor~~BHA~~s will comply at all times with all pertinent governing regulations. (See SBH-ASO Code of Conduct.)

Information on Persons Convicted of Crimes

The SBH-ASO ~~will~~ include~~s~~ the following in its written agreements with all subcontractors ~~and BHAs~~ who are not individual practitioners or a group of practitioners:

1. Requiring the subcontractor to investigate and disclose to the HCA and SBH-ASO, immediately upon becoming aware of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.

Fraud, Waste and Abuse

The SBH-ASO's Fraud, Waste and Abuse program includes~~shall have~~:

1. A process to inform officers, employees, agents, and subcontractors about the False Claims Act.
2. Administrative procedures to detect and prevent Fraud, Waste, and Abuse (FWA), and a mandatory compliance plan.
3. Standards of conduct that articulate SBH-ASO's commitment to comply with all applicable federal and state standards.
4. The designation of a Compliance Officer and a compliance committee that is accountable to senior management.
5. Training for all affected parties.
6. Effective lines of communication between the Compliance Officer and the SBH-ASO staff and subcontractors.
7. Enforcement of standards through well-publicized disciplinary policies.
8. Provision for internal monitoring and auditing of the SBH-ASO and subcontractors.
9. Provision for prompt response to detected violations, and for development of corrective action initiatives.
10. Provision of detailed information to staff and subcontractors regarding fraud and abuse policies and procedures, the False Claims Act, and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

The SBH-ASO has~~shall establish~~ policies and procedures for referring all identified allegations of potential fraud to HCA ~~and MFCD~~, as well as~~nd~~ for provider payment suspensions (See SBH-ASO P&P ~~CP303,~~ Fraud, Waste, and Abuse Compliance Reporting Standards).

Federal Exclusion and Legal Status

The SBH-ASO doeswill not willingly contract with nor retain any contractor or subcontractor who has been listed by a state or federal agency as debarred, excluded, or otherwise ineligible for federal or state program participation or whose license had been revoked or suspended. If either of these situations apply or if they become applicable, they must be reported to the SBH-ASO CO as soon as possible.

Ownership disclosure. The SBH-ASO, network providers, and subcontractors must disclose whether a person (individual or organization) has, or has a relative with, ownership or controlling interest in the organization of 5% or more. Subcontractor disclosure of ownership must be completed upon initial credentialing, recredentialing, and upon change.

Excluded provider verification is conducted at time of hire or appointment and every month thereafter. This applies to SBH-ASO staff as well as those who are employed by contractors and subcontractors. This verification is conducted through the following: the OIG's List of Excluded Individuals and Entities (LEIE) query, the System for Award Management (SAM) site, and the Health Care Authority (HCA) and Department of Social and Health Services' (DSHS) provider termination and exclusion lists site.

SBH-ASO contractors and subcontractors must provide to the SBH-ASO Deputy AdministratorCO a monthly written attestation verifying the clear status of all staff using the above sources, including maintaining source document verification of checks. The SBH-ASO CO conducts monthly checks on all SBH-ASO staff and board members, network contractors and subcontractors and all individuals listed on the Disclosure of Ownership. using the above sources, SAM checks on all network contractors and subcontractors, and LEIE and state provider termination checks on all individuals with subcontractor ownership or controlling interest.

Reporting

All Program Integrity reporting to HCA shall be in accordance with the Notices provisions of the General Terms and Conditions of the HCA /BH-ASO contract unless otherwise specified.

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

The SBH-ASO is responsible for investigating Individual fraud, waste, and abuse. If the SBH-ASO suspects fraud, the SBH-ASO shall notify and submit all associated information of any alleged or investigated cases in which the SBH-ASO believes there is a serious likelihood of fraud by an Individual to the HCA Office of Medicaid Eligibility and Policy (OMEP) by any of the following:

1. Sending an email to WAHeligibilityfraud@hca.wa.gov;

2. Calling OMEP at 360-725-0934 and leaving a detailed message;
3. Mailing a written referral to:

Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534

4. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.

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

The SBH-ASO shall submit to HCA, on occurrence, a list of terminations report including providers terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. The SBH-ASO shall send the report electronically to HCA at hcabhaso@hca.wa.gov with subject "Program Integrity list of Terminations Report." The report must include all of the following:

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

Records Requests

Upon request, the SBH-ASO and subcontractorscontracted BHAs shall allow HCA or any authorized state or federal agency or authorized representative, access to all records, including computerized data stored by the SBH-ASO or its contracted BHA. The SBH-ASO and its contracted BHAssubcontractors shall provide and furnish the records at no cost to the requesting agency.

On-Site Inspections

The SBH-ASO or its subcontractor must provide reasonable access to its premises and the records requested to any duly authorized state or federal agency or entity, including, but not limited to: HCA, Department of Health and Human Services (HHS), OIG, and the Office of the Comptroller of the Treasury, whether the visitation is announced or unannounced.

The SBH-ASO or its contracted BHAssubcontractors must provide any record or data related to its contract, but not limited to:

1. Medical records;
2. Billing records;
3. Financial records;

4. Any record related to services rendered, quality, appropriateness, and timeliness of service; and
5. Any record relevant to an administrative, civil, or criminal investigation or prosecution.

Upon request, the SBH-ASO or its ~~contracted BHA~~subcontractor shall assist in such review, including the provision of complete copies of records.

~~The SBH-ASO or its contracted BHAs must provide reasonable access to its premises and the records requested to any duly authorized state or federal agency or entity, including, but not limited to: HCA, OIG, Medicaid Fraud Control Division (MFCD), and the Office of the Comptroller of the Treasury, whether the visitation is announced or unannounced.~~

The SBH-ASO or its ~~contracted BHAs~~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 Behavioral Health
Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: FRAUD, WASTE, AND ABUSE COMPLIANCE REPORTING STANDARDS **Policy Number:** CP303

Effective Date: 1/1/2020

Revision Dates: 2/24/2020; 4/8/2021

Reviewed Date: 10/8/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To outline and define the scope, responsibilities, and activities to prevent, detect, and report incidents of Fraud, Waste, and Abuse (FWA). To outline a culture within, and activities conducted by, Salish Behavioral Health Administrative Services Organization (SBH-ASO) to prevent, detect, and report instances of FWA.

POLICY

All SBH-ASO business shall be conducted in compliance with state and federal requirements and regulations (including the False Claims Act), applicable local laws and ordinances, and the ethical standards/practices of the industry.

DEFINITIONS

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

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

- Fraud hotline complaints;
- Claims data mining; and

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

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

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

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

Fraud, Waste, and Abuse may include but not be limited to:

- Failure to identify, pursue, and document Third Party resources
- Intentional billing for services not performed or improper billing
- Duplicate billing
- Unnecessary or misrepresented services
- Billing individuals for SBH-ASO covered services
- Upcoding
- Unbundling
- Kickbacks
- Evidence of intentional false or altered documents
- Unlicensed or excluded professional or facility at time of service
- Falsification of health care provider credentials or no credentials
- Falsification of agency financial solvency
- Agency management knowledge of fraudulent activity
- Incentives that limit services or referral
- Evidence of irregularities following sanctions for same problem
- Embezzlement and theft

PROCEDURE

SBH-ASO Administration

1. SBH-ASO does not enter into contracts or other arrangements with subcontractors which, directly or indirectly, pay, ~~or~~ offer to pay, or give anything of value~~, be it money, gifts, space, equipment or services~~, in return for the referral of individuals or business to SBH-ASO for services paid by any federal health care program.

2. SBH-ASO does not approve, cause claims, nor allow encounter data to be transmitted or submitted to any federal health care program:
   A. For services provided as a result of payments made in violation of (1.) above.
   B. For services that are not reasonable and necessary.
   C. For services which cannot be supported by the documentation in the clinical and/or medical record.

3. SBH-ASO does not falsify or misrepresent facts concerning the delivery of services or payment of claims in connection with any federal health care program.

4. SBH-ASO does not provide incentives to providers to reduce or limit medically necessary behavioral health services to individuals.

5. SBH-ASO conducts all business with subcontractors at arm's length and pursuant to written contract that will stand up to legal scrutiny with frequent and various monitoring mechanisms.

6. No SBH-ASO staff or person associated with SBH-ASO prevents or delays the communication of information, or records related to, violation of the SBH-ASO Compliance and Program Integrity Plan (the Plan) to the SBH-ASO Compliance Officer (CO).

~~7. The SBH-ASO will not willingly contract with nor retain any subcontractor who has been listed by a state or federal agency as debarred, excluded, or otherwise ineligible for federal or state program participation or whose license had been revoked or suspended. If either of these situations apply or if they become applicable, they must be reported to the SBH-ASO CO as soon as possible.~~

~~8. Ownership disclosure. The SBH-ASO, network agencies, and subcontractors must disclose whether a person (individual or organization) has, or has a relative with, ownership or controlling interest in the organization of 5% or more.~~

~~9. Excluded provider verification is conducted at time of contract execution, hire, or appointment and every month thereafter. This applies to SBH-ASO staff as well as those who are employed by subcontractors. This verification is conducted through the following: the Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) query, the System for Award Management (SAM) site, and the Health Care Authority (HCA) and Department of Social and Health Services' (DSHS) provider termination and exclusion lists site (hereafter referred to as the "Exclusion Websites").~~

~~10. SBH-ASO subcontractors must provide to the SBH-ASO CO a monthly written attestation verifying the clear status of their staff using the above sources. The SBH-ASO CO conducts monthly checks on all SBH-ASO staff and board members using~~

~~the above sources, additional SAM checks on all network subcontractors, and LEIE and state provider termination checks on all individuals with subcontractor ownership or controlling interest.~~

~~Information on Persons Convicted of Crimes~~

~~The SBH-ASO includes in its written agreements with all subcontractors and providers requirements that the subcontractor/provider investigate and disclose to the HCA and SBH-ASO, immediately upon becoming aware of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.~~

SBH-ASO Fraud Waste and Abuse Program and the Role of the Compliance Officer ~~Compliance Officer and Quality and Compliance Committee~~

1. The CO duties include the following with respect to FWA:
    - To oversee and monitor the overall compliance activities of the SBH-ASO, including co-facilitating the QACC, whose agenda reviews FWA agenda items.
    - Continue to develop the Plan and monitoring activities with the QACC that have SBH-ASO-wide application to the provider entities.
    - To assist the Boards and staff in establishing methods to reduce SBH-ASO vulnerability to FWA.
    - To receive, and investigate when appropriate, reports of possible fraud and abuse violations, per HCA BH-ASO contract.
    - To develop corrective action plans, in coordination with the SBH-ASO Leadership Team, for the SBH-ASO and providers to correct violations and prevent future incidents of noncompliance.
    - To develop policies and programs and educational activities that encourage employees, contractors, and Boards to report suspected FWA violations without fear of retaliation.

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

3. The SBH-ASO Compliance Officer provides reports to the SBH-ASO Quality Assurance and Compliance Committee (QACC). ~~The QACC meets quarterly, at a minimum.~~ The CO provides reports to the SBH-ASO Executive Board at least annually . ~~to the SBH-ASO Advisory and/or Executive Board (the Boards).~~

- ~~While the CO generally reports to the QACC, the CO always has the right to directly meet with the Advisory and/or Executive Boards if the circumstances warrant (e.g., in case of QACC inaction).~~
    - ~~The CO duties include the following with respect to FWA:~~
- ~~To oversee and monitor the overall compliance activities of the SBH-ASO, including facilitating the QACC, whose agenda reviews FWA agenda items.~~
- ~~Continue to develop the Plan and monitoring activities with the QACC that have SBH-ASO-wide application to the provider entities.~~
- ~~To assist the Boards and staff in establishing methods to reduce SBH-ASO vulnerability to FWA.~~
- ~~To receive and investigate, with assistance from SBH-ASO legal counsel when needed, reports of possible fraud and abuse violations, per HCA BH-ASO contract.~~
- ~~To receive and investigate reports in a timely responsive manner to possible violations of the Plan, per HCA BH-ASO contract.~~
- ~~To develop corrective action plans for the SBH-ASO and providers to correct violations and prevent future incidents of noncompliance.~~
- ~~To develop policies and programs that encourage employees and contractors to report suspected FWA violations without fear of retaliation.~~
- ~~To identify areas where corrective actions are needed and, in consultation with the Boards and legal counsel, develop strategies to improve compliance.~~
- ~~As a part of the ongoing monitoring and auditing of the Plan, the CO utilizes the QACC to notify the network of changes in laws, regulations, or policies, as necessary, to assure continued compliance.~~
- ~~Conduct monthly exclusion website screening for SBH-ASO staff, Board members, volunteers/ interns, and subcontractors.~~
- ~~Subcontractors are required to attest in writing to monthly exclusion screenings. These letters of attestation are tracked by the CO at SBH-ASO.~~

SBH-ASO Fraud, Waste, and Abuse Monitoring

1. The SBH-ASO detects and prevents FWA through the following activities:
    a. SBH-ASO Annual Monitoring Reviews with each subcontractor
        i. The SBH-ASO audit tool includes a Program Integrity section that reviews various Compliance and Program Integrity activities conducted by a subcontractor.
        ii. The SBH-ASO verifies the ~~Third Party~~Third-Party Resources pursued. The SBH-ASO inquires and verifies the provider agency process for pursuing other billing sources.
        iii. As part of the SBH-ASO Annual Monitoring Review, SBH-ASO staff verify the newly hired subcontractor staff have been screened

through the Exclusion Websites, as evidenced in ~~at least 10% of~~ personnel files of new hires. Staff verify the screening through a website verification printout located in the personnel file.

~~b.~~ Internal monitoring and auditing for FWA includes reviewing SBH-ASO financial statements by the State Auditor's Office, ~~,~~ multiple feedback loops through various SBH-ASO committees, and individual sources to receive timely and confidential information. ~~The SBH-ASO staff periodically review SBH-ASO Personnel Policies related to required conduct and disciplinary action.~~

b. Examples of specific internal monitoring activities may include, but are not limited to:

~~i. Review of Provider Quarterly Financial and Performance Reports~~

i. SBH-ASO Leadership review of all invoices prior to payment

ii. Contracted agencies' annual independent financial audits

iii. SBH-ASO profiling of provider data

~~ii.~~ Ombuds reporting at QACC, and other in-network committees

~~iii. SBH-ASO profiling of provider client data~~

iv.

v. ~~Ombuds participation and reporting at QACC, and other in-network committees~~ SBH-ASO Grievance, Appeal, and Adverse Authorization Determination Quarterly Reports

vi. ~~SBH-ASO Grievance, Appeal, and Adverse Authorization Determination Quarterly Reports~~SBH-ASO Utilization Management Monthly Tracking Reports

~~vii. SBH-ASO Utilization Management Monthly Tracking Reports~~

~~viii.~~

~~ix. Availability of the CO to discuss suspected FWA and help staff accurately assess the likelihood that FWA has occurred.~~

~~x. When fraud and/or abuse is detected, the CO immediately reports the abuse to the appropriate authorities, conducts an investigation of the incident as directed by the HCA BH-ASO contract, and reports the results of the investigation to the QACC and others, as is appropriate.~~

~~Network Subcontractors Responsibilities~~

~~1. Subcontractors are required to develop internal compliance programs, to include an agency Compliance Plan which compliments the SBH-ASO Plan. Each network agency is required to have a designated agency-level Compliance Officer. The agency designated Compliance Officer is expected to fully participate in the QACC.~~

2. Subcontractors implement procedures to screen employees and subcontractors to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a state or federal agency as debarred, excluded, or otherwise ineligible for federal program participation as verified through the Exclusion Websites.
3. Subcontractors found to have a conviction or sanction or found to be under investigation for any criminal offenses related to health care are to be removed from direct responsibility for, or involvement with, SBH-ASO funded services.
4. Subcontractors are required to report all suspected incidents of fraudulent and abusive activities to the CO. See Developing Effective Lines of Communication Section, listed below.
5. Subcontractors are made aware of their obligation to report to SBH-ASO their good faith belief of any possible instances of non-compliance through terms identified in the SBH-ASO contract Statement of Work.
6. Subcontractors certify, and monthly attest, that they do not contract with or employ any individuals who have been identified as federally excluded, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded individuals by any state or federal department or agency.
7. The reporting requirements are referenced in SBH-ASO network subcontracts.

SBH-ASO Provided Education and Training

1. The Plan and reporting requirements are referenced in SBH-ASO contracts. Subcontractors are made aware of their obligation to report to SBH-ASO their good faith belief of any possible instances of non-compliance.
2. SBH-ASO trainings provide information and educate staff and subcontractors to report suspected violations of the Plan without fear of retaliation.
3. The SBH-ASO will notify subcontractors of applicable fraud and abuse training opportunities offered through Centers for Medicare and Medicaid, Medicaid Fraud Control Division (MFCD), HCA, or of other Compliance-related trainings.
4. The Plan and related policies are made available to all SBH-ASO staff and subcontractors. These documents are reviewed at least annually by the QACC and are available through the SBH-ASO website.
5. The CO provides training to the SBH-ASO staff, governing boards, and subcontractors. The SBH-ASO training curriculum addresses the following:
    a. The SBH-ASO's commitment to compliance with all laws, regulations, and guidelines of federal and state programs.
    b. The elements of the Plan and related policies.
    c. An overview of what constitutes FWA in a managed care environment.
    d. A review of the specific state contract requirements applicable to SBH-ASO business.

~~e. Responsibilities to report violations.~~

~~f. Various options of where and how to report violations.~~

~~g. The consequences of failing to comply with applicable laws.~~

~~6. The CO is available to co-facilitate network agency trainings with the agency designated Compliance Officers. These trainings cover the above curriculum, as well as the network agency Compliance Plan and related policies and procedures. Subcontractors are responsible for documenting the training dates and employees that attended.~~

Developing Effective Lines of Communication

1. An open line of communication between the CO and staff or others associated with the SBH-ASO is critical to the successful implementation and operation of the Plan.
   - All staff and persons associated with the SBH-ASO have a duty to report all incidents of abuse and fraudulent activities, suspected or otherwise, to the CO or to the HCA Office of Medicaid Eligibility and Policy (OMEP). The SBH-ASO trainings provide information to encourage staff and subcontractors to report suspected violations of the Plan without fear of retaliation.
   - CO has direct access to the SBH-ASO Executive Board
2. As outlined in the SBH-ASO training curriculum and widely distributed information material, an Individual may use any of the following mechanisms to report incidents of suspected violation(s):
   1. In person, to the SBH-ASO CO, ~~Richelle Jordan~~Ileea Clauson
   2. Calling the CO directly at (360) ~~307-4274~~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 ~~rjordan@co.kitsap.wa.us~~SalishCompliance@co.kitsap.wa.us
   ~~5. By calling, on an anonymous basis, the SBH-ASO Office at (360) 307-4274 or (800) 525-5637~~
   ~~6.~~5. By mailing a written concern to the CO:

      SBH-ASO Compliance Officer
      Salish Behavioral Health Administrative Services Organization
      614 Division St. MS-23
      Port Orchard, WA 98366

   ~~7.~~6. Calling Office of Medicaid Eligibility and Policy (OMEP) at

360-725-0934 and leaving a detailed message

~~8.~~7. Mailing a written complaint to:
Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534

~~9.~~8. Entering the complaint online at: https://wadshs.libera.com/Sys7CMSPortal-FCMS-WA/fraud/report.aspx

~~10.~~9. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158

~~11.~~10. Emailing the compliant electronically WAHeligibilityfraud@hca.wa.gov

~~12.~~11. In addition, any person may seek guidance with respect to the Plan or the procedures contained in this policy at any time by following the same reporting mechanisms outlined above.

REFERRING OF ALLEGATIONS OF POTENTIAL FRAUD AND INVOKING PROVIDER PAYMENT SUSPENSIONS

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

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

When HCA determines the SBH-ASO's referral of potential Fraud is a credible Allegation of Fraud, HCA shall notify the SBH-ASO's compliance officer, who will notify the SBH-ASO Administrator to:~~s:~~

- To suspend provider payments, in full, in part, or if a good cause exception exists to not suspend. Unless otherwise notified by HCA to suspend payment, the SBH-ASO shall not suspend payment of any provider(s) identified in the referral.
- Whether the HCA~~MFCD~~, or appropriate~~other~~ law enforcement agency, accepts or declines the referral.
    - If HCA~~MFCD~~, or appropriate~~other~~ law enforcement agency accepts the referral, the SBH-ASO must "stand-down" and follow the requirements in the Investigation subsection of this section.

- If HCA, or appropriate~~MFCD, or other~~ law enforcement agency decline to investigate the potential Fraud referral, the SBH-ASO may proceed with its own investigation and comply with the reporting requirements in the Reporting section, below.

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

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

- State that payments are being suspended in accordance with this provision;~~.~~
- Set forth the general allegations identified by HCA. The notice should not disclose any specific information concerning an ongoing investigation;~~.~~
- State that the suspension is for a temporary period and cite suspension will be lifted when notified by HCA that it is no longer in place;~~.~~
- Specify, when applicable, to which type or types of claims or business units the payment suspension relates; and
- Where applicable and appropriate, inform the provider of any Appeal rights available to this provider, along with the provider's right to submit written evidence for consideration by the SBH-ASO.

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

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

The SBH-ASO will ~~O must~~ document in writing the termination of a payment suspension and
issue a notice of the termination to the provider and send a copy to HCA at ProgramIntegrity@hca.wa.gov.~~.~~

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

- ~~MFCD or other~~A law enforcement agency has~~ve~~ specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation.
- Other available remedies are available to the SBH-ASO, after HCA approves the remedies as more effective or timely to protect Medicaid funds.

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

The SBH-ASO shall maintain for a minimum of ~~six~~ten (~~6~~10) years from the date of issuance all materials documenting:

- Details of payment suspensions that were imposed in whole or in part; and
- Each instance when a payment suspension was not imposed or was discontinued for good cause.

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

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

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

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

~~For the purposes of this Section, "subrogation" means the right of any state of Washington government entity or local law enforcement to stand in the place of the SBH-ASO or client in the collection against a third party.~~

REPORTING

All Program Integrity reporting to HCA shall be in accordance with the Notices provisions of the General Terms and Conditions of the BH-ASO contract with HCA unless otherwise specified herein.

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

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

- The SBH-ASO shall notify and submit all associated information of any alleged or investigated cases in which the SBH-ASO believes there is a serious likelihood of Fraud by an Individual to the HCA Office of Medicaid Eligibility and Policy (OMEP) by any of the following:
    - Sending an email to WAHeligibilityfraud@hca.wa.gov;
    - Calling OMEP at 360-725-0934 and leaving a detailed message;
    - Mailing a written referral to:
      Health Care Authority
      Attn: OMEP
      P.O. Box 45534
      Olympia, WA 98504-5534
    - Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.

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

The SBH-ASO shall submit to HCA on occurrence a list of terminations report including Provider~~BHA~~s terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. ~~If the Salish BH-ASO has nothing to report, the report will so state.~~ The Salish BH-ASO shall send the report electronically to HCA at ~~hcamcprograms~~ProgramIntegrity@hca.wa.gov with subject

"Program Integrity ~~Monthly~~ list of Terminations Report." The report must include all of the following:

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

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

Policy Name: QUALITY MANAGEMENT PLAN **Policy Number:** QM701

Effective Date: 1/1/2020

Revision Date(s): 3/5/2020; 4/8/2021 ~~3/17/2021~~

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, ~~T~~the SBH-ASO serves eligible non-Medicaid individuals who receive SBH-ASO services from any of our contracted Behavioral Health Agencies (BHAs) as well as those individuals who utilize crisis services.

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

~~Any individual in the Salish three-county region, regardless of funding source, is eligible for crisis services. Crisis services include a 24-hour crisis line, mobile crisis outreach, and involuntary commitment services.~~

Executive Board

The Executive Board is the main leadership and decision-making body of the SBH-ASO. The Executive Board authorizes the Program via its approval of this Plan, charging the Quality Assurance and Compliance Committee (QACC) with the responsibility of providing ongoing operational leadership of continuous quality improvement activities at the SBH-ASO. The ongoing activities of the Program are carried out by SBH-ASO staff and the

members of the SBH-ASO Provider Network. The Executive Board is comprised of three county commissioners, one from each constituent county: Kitsap, Jefferson, and Clallam, and ~~as well as~~ one Tribal elected official as voting members. ~~.~~

Advisory Board

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

BHAB Membership Requirements:

1. Be representative of the geographic and demographic mix of service population;
2. Have at least 51 percent of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in Recovery from a behavioral health disorder;
3. Law Enforcement representation;
4. County representation;
5. No more than four elected officials;
6. No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor; and
7. ~~Three year term limit, multiple terms may be served.~~ Terms are staggered between one and three years to ensure ongoing membership coverage. Multiple terms may be served.

The BHAB will:

1. Solicit and use the input of Individuals with mental health and/or SUD to improve behavioral health services delivery in the region;

2. Provide quality improvement feedback to the SBH-ASO, key stakeholders, and other interested parties.

~~The purpose of the SBH-ASO Advisory Board is to provide community and individual input to the Executive Board and SBH-ASO staff. The Advisory Board consists of a representative demographic and geographic mix of the service population. At least 51% of the board consists of persons with behavioral health lived experience, their family members, and/or persons self-identified as being in recovery from a behavioral health disorder. County and Law Enforcement is also represented. There is a limit of four elected officials. Multiple three-year terms may be served.~~

~~The Advisory Board meets at least quarterly to review reports from the SBH-ASO staff and QACC. Based on information presented, the Advisory Board evaluates whether implementation of system changes are effective and may make recommendations for system-wide improvements to enhance the quality of services within the network. The Advisory Board may report their recommendations to the SBH-ASO Administrator and/or the Executive Board for further action.~~

Ombuds

The SBH-ASO Ombuds advocate for all Individuals in its defined service area, regardless of an Individual's ability to pay, including Medicaid eligible members and assist providers to ensure dignified and quality services. The Ombuds operate independently from the SBH-ASO and providers. The Ombuds report trends concerning client perceptions, family satisfaction, and ancillary provider issues to the QACC and Advisory Board at least ~~biennially~~ biannually

Quality Assurance and Compliance Committee (QACC)

The QACC meets quarterly and provides oversight of the quality assurance and improvement processes and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. ~~Represented on the~~ The QACC membership includes~~are~~

representatives from each of the providers, the Ombuds, and ~~an~~ SBH-ASO staff ~~staff to facilitate, typically the Quality and Compliance Manager~~. The QACC provides direct oversight of this document and the SBH-ASO Compliance and Program Integrity Plan.

Internal Quality Committee (IQC)
The IQC meets monthly and provides input to the quality assurance and improvement processes as well as the QACC. Membership includes all SBH-ASO Staff under the guidance of the SBH-ASO Medical Director.

~~Behavioral Health Service~~Network Providers
~~Providers have an organizational structure and quality management programs unique to them. The provider agencies~~ Network Providers have their own Quality Management Plans that incorporate the SBH-ASO QMP. Ongoing participation in the Quality Management System is required.

~~Service~~ Network P~~p~~roviders are required to develop a Quality Management Plan unique to their agency. Expectations for these plans are informed by regional trends, unique trends or characteristics of each agency, contract requirements, and relevant statutes. The SBH-ASO evaluates provider plans for objective and measurable performance indicators. The plans are monitored through the Annual Monitoring Review process.

PURPOSE

The activities of this ~~p~~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;~~Service to culturally and linguistically diverse Individuals;~~
4. Inclusion of Individual voice and experiences. This may include feedback and grievance data from the Ombuds and feedback from the BHAB;
5. Inclusion of provider voice and experience, which may include feedback through involvement in Integrated Provider meetings, SBH-ASO Quality and Compliance Committee, provider complaints, and provider appeals.

- ~~Cultural competency~~

- Age appropriate services
- Commitment to recovery, rehabilitation, and reintegration philosophies
- Clinical practices based on valid and reliable evidence, including the use of Practice Guidelines
- Coordination and continuity of care
- Appropriate utilization of services for crisis, state, and Block Grant-funded services in accordance with contract requirements
- Maintenance of capacity
- Accessibility
- Individual participation
- Stakeholder participation
- Continuous system improvement

MONITORING TOOLS AND ACTIVITIES

The SBH-ASO Quality Management Program functions to monitor performance in four main areas: quality of services, satisfaction, administrative practices, and compliance. The SBH-ASO analyzes information gathered through quality assurance tools and activities to develop improvement strategies to enhance quality in any one or more of the identified categories.

The following chart describes the quality assurance activities and tools that may be used to monitor performance in each of four categories:

	Quality of Services	Satisfaction	Administrative Practices	Compliance
Reports	Performance Measure Tracking Ombuds Quarterly Activity Quarterly Grievance Reports Quarterly Critical Incident Tracking/ ReviewsUtilization Management Trends	Ombuds Quarterly Activity Quarterly Grievance System Reports Advisory Board Feedback	Revenue and Expenditure Report	Quarterly Compliance Reporting to the QACCAd Hoc Reports
Reviews	Critical Incident Tracking/ Reviews Health Information System Data Reviews Annual Monitoring Reviews Ad Hoc Reviews	Grievance System Tracking Annual Monitoring Reviews	Annual Monitoring Reviews	Annual Monitoring Reviews Biennial Practice Guideline Reviews Ad Hoc Reviews

COLLECTING AND ANALYZING INFORMATION

Information regarding the quality and appropriateness of care individuals receive through network services is gathered from an array of sources and activities~~, as listed above~~. Trends and issues identified through the collection and analysis of information are reported to the providers, the SBH-ASO ~~Administrator~~Leadership Team, the QACC, and/or the Advisory Board. Plans for collecting and analyzing information are as follows:

~~Chart Reviews and Other Targeted Reviews~~Monthly Provider Monitoring

~~**Description:** Chart reviews are a key quality assurance activity performed by the SBH-ASO staff to monitorand analyze the quality and intensity of services as well as the fit between services needed and those actually provided. Chart review activities take place as a part of the Annual Monitoring Review (see next section, below). Additional chart review tools may be developed when trends are identified through the results of quality assurance activities that warrant an ad hoc review.~~Review of reports to identify trends.

~~Specifically, these chart review tools and processes:~~

- ~~address GFS/FBG requirements according to contract as well as Crisis Services as provided by SBH-ASO network providers;~~
- ~~evaluate the continuity of services from the individual's request for services through discharge,~~
- ~~assess the degree to which services progress the individual toward recovery and resiliency,~~
- ~~include items that evaluate provider compliance with the SBH-ASO contract, policies, and pertinentWAC regulations;~~
- ~~include items that monitor crisis services, timeliness of response, incorporation of individual andfamily voice, and provision of services in least restrictive environments;~~
- ~~include parameters that monitor over- and under-utilization of services;~~
- ~~assess client needs, coordination of care for special populations, housing and linkages with othersystems, and cultural and linguistic competence;~~
- ~~monitor that individual rights are clearly stated;~~
- ~~monitor and explore targeted issues as identified by quality indicators tracking or other indicators;~~
- ~~evaluate treatment plans for timeliness, participation of enrollee and natural supports, applicableconsultation with specialists, and other WAC requirements; and~~
- ~~monitor coordination of care with other systems, including individuals' primary care providers; and~~
- ~~monitor adherence to Practice Guidelines.~~

~~**Data Collection and Analysis Plan:** The representative sample of charts reviewed may include thefollowing for Crisis Services and GFS/FBG services:~~

- ~~Crisis Service Standards~~
- ~~Overutilization~~
- ~~Underutilization~~
- ~~GFS and FBG Requirements~~
- ~~Intake reviews of individuals not authorized for care~~

~~Additional analyses of care may be conducted as indicated by results of monitoring activities. Data collectedfrom chart reviews are compiled and analyzed by SBH-ASO staff. Reports are prepared and compared withprevious reviews to identify trends and evidence of improvement. Review results are reported to the providers and Corrective Action Plans are required when results indicate. System-wide trends are reported to QACC.~~

Annual Monitoring Reviews:

Description: The SBH-ASO has a standardized process for subcontractor annual monitoring reviews. ~~(see AD102, Provider Network Selection, Retention, Management, and Monitoring Policy).~~ The purpose of the reviews is to monitor subcontractor administrative, clinical, fiscal, and compliance practices.

- Reviews may also be conducted on a more frequent basis if indicated.

Data Collection and Analysis plan: Subcontractor Annual Monitoring Reviews are conducted by SBH-ASO Staff. These reviews ultimately provide oversight, feedback, recommendations, and Corrective Action Plans when warranted. Results of Annual Monitoring Reviews are summarized for the SBH-ASO Leadership Team, QACC, and BHAB ~~Advisory Board., system-wide trends are reported to QACC, while i~~individual reports are provided to the subcontractors.

~~**Over and Under Utilization Monitoring Projects**~~
~~**Description:** The SBH-ASO expects each individual to receive the right amount and type of service. The SBH-ASO has mechanisms in place to detect both overutilization and underutilization of services as outlinedin the SBH-ASO Utilization Management policies and procedures.~~

Critical Incident Management System
Description: The SBH-ASO assures all contractually defined critical incidents (CI) occurring within the network are reported to HCA and reviewed in a standardized way as per policy. ~~(See SBH-ASO PolicyCritical Incidents.)~~

Data Collection and Analysis Plan: Critical incidents are recorded from provider reports and tracked. Thisinformation is used to identify trends, track investigations, and analyze concerns. The SBH-ASO maintains an Internal Quality Committee (IQC) which reviews all CI reported to the SBH-ASO. The SBH-ASO works with the providers to collect and forward information to HCA regarding efforts to prevent or lessen the possibility of similar incidents in the future or to increase intervention for an Individual when incident behavior escalates in severity or frequency, as appropriate and required by contract. Chart reviews and targeted reviews of provider CI files may be performed as necessary. The QACC reviews the trends noted annually and recommends further region-wide system improvements.

Utilization Management Trends Reports
Description: The Utilization Management Trends report is generated by the internal SBH-ASO authorization database and describes statistics and patterns regarding authorization and utilization of behavioral health services. The description includes inpatient, outpatient, crisis, and residential services.

Over and Under-Utilization Monitoring Projects
Description: ~~The SBH-ASO expects each individual to receive the right amount and type of service.~~ The SBH-ASO has mechanisms in place to detect both overutilization and underutilization ~~of services as outlined~~ in the SBH-ASO Utilization Management policies and ~~procedures~~. Current overutilization metrics include:

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

SBH-ASO will utilize these metrics to identify possible areas of underutilization, resulting in excess dependence on intensive services.

Data Collection and Analysis Plan: Utilization management data is collected from the monthly authorization tracking reports. SBH-ASO Leadership Team monitors its adherence to contracted

utilization management timelines. The Utilization Manager, Leadership Team, ~~Clinical Director, Medical Director,~~ and the QACC analyzes the reports for trends and opportunities for improvement relating to SBH-ASO funded behavioral health ~~crisis~~ services.

Quality Indicators Tracking

Description: The QACC oversees the contractual measures of performance, ~~such as~~including but not limited to, metrics for the SBH-ASO Customer Service phone line, Mental Health and SUD Federal Block Grant services, Crisis System Call Center Performance, Mobile Crisis Team, and ~~any~~ others as ~~may be~~ required by contract. The QACC reviews interpretations of the data provided by QM Program staff and makes recommendations based on those interpretations.

~~Specifically, required Crisis System metrics include the following:~~

~~1. Call Center Performance Metrics~~

~~A. Quantity~~

~~i. The total number of crisis calls received at the call centers;~~

ii. Demographic of all crisis callers, to include: name, age, gender, ethnicity, and fund source(Medicaid & non Medicaid); and
iii. The total number of crisis callers enrolled and active in any behavioral health treatment services.

B. Quality
i. Crisis Call Center "call abandonment rate" of 5 percent or less;
ii. 90 percent of all Call Center crisis calls are answered live within thirty seconds; and
iii. Crisis Call Center utilization rate: frequency of usage by crisis callers within the previous 6months. Note: this is a total count of crisis calls by individual.

C. Outcomes
i. Disposition of all Call Center crisis calls: (a) resolved online; (b) referred to mobile crisis outreach and/or Designated Crisis Responder (DCR); (c) referral to outpatient treatment provider; (d) referralto inpatient treatment provider; or (e) referral law enforcement.

2. Mobile Crisis Outreach Performance Metrics
A. Quantity
i. The total number of mobile crisis outreach; and
ii. The total number of DCR events.

B. Quality
i. The number of mobile crisis outreach events in which the response time was within two (2) hours(or less) of the referral to an emergent crisis and 24 hours (or less) for a referral to an urgent crisis.

C. Outcomes
i. Disposition of all mobile crisis and/or DCR outreach events: (a) resolved on scene; (b) voluntarytreatment referral; (c) involuntary treatment referral; or (d) law enforcement referral.

3. Crisis Services Reporting
A. Quarterly Reporting
i. All Crisis Services metrics will be reported quarterly (these reports exclude the demographics of allcrisis callers). The report is submitted to the HCA by the 15th of the month following the end of the quarter.

B. Annual Reporting
i. The Crisis Services report is to be submitted to the HCA annually per HCA BH-ASO contract.
ii. The annual report will include a summary, analysis, and findings of all crisis metrics in the previouscalendar year.
iii. The annual report will include an analysis of coordination with regional MCO's, community courtsystem, First Responders, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services, consistent with SBH-ASO HCA contract.
iv. The annual report will include an analysis of Consumer crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Consumer's stability, consistent with SBH-ASO HCA contract.
v. The annual report will include the identification, development, and implementation of anystrategies to improve the crisis system over time, consistent with SBH-ASO HCA contract .

To include, but not limited to:
- Salish Regional Crisis Line Metrics
- DCR Response Time Reporting
- Authorization/Denials Reporting

Data Collection and Analysis Plan: The Quality and Compliance Manager and/or Quality Specialist/Data Analyst collect data, calculate measures, develop an analysis for each quality

~~indicator, and monitor the findings. These findings are reported to providers as appropriate.~~ All indicators are reported to the Internal Quality Committee (IQC) ~~at least quarterly~~ and QACC at least quarterly~~annually~~. Baseline and targets, if applicable, are established by **SBH-ASO Leadership Team and as required by** contract. Data collected and analyzed for each indicator assists the QACC and SBH-ASO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region.

Grievance and Appeal Tracking

Description: The SBH-ASO has a system in place for individuals to pursue grievances, ~~and~~ appeals, ~~as well as~~ and access Administrative Hearings. ~~(See SBH-ASO Policy CA402 Grievance System.)~~ The SBH-ASO generates the Grievance System deliverable report, as required by HCA, which tracks SBH-ASO grievances, appeals, Administrative Hearings, and Notices of Adverse Authorization Determinations including Actions on a quarterly basis. The QACC reviews the SBH-ASO quarterly grievance reports to assess trends and inform quality assurance activities.

Data Collection and Analysis Plan: The Ombuds provide to the SBH-ASO ~~Quality and Compliance Manager~~Deputy Administrator quarterly reports that track the Ombuds outreach and grievance activities. ~~The Ombuds also reporttrends and issues they have identified to the QACC as they arise.~~ The SBH-ASO collects grievance data directly submitted and resolved within the SBH-ASO and generates a quarterly report deliverable. The QACC reviews the SBH-ASO ~~quarterly grievance~~Ombuds reports to assess trends and inform quality assurance activities.

Compliance and Program Integrity Plan

Description: The SBH-ASO Compliance and Program Integrity Plan establishes a culture within the network that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law as well as federal and state funded health care program requirements. SBH-ASO Sstaff members, ~~G~~governingExecutive B~~b~~oard members, QACC members~~, network providers~~, and subcontractors that encompass the operations of the SBH-ASO are expected to act in accordance with the Compliance and Program Integrity Plan. ~~(See SBH-ASO Policy Compliance and Program Integrity Plan.)~~

Data Collection and Analysis Plan: The Compliance and Program Integrity Plan includes mechanisms to immediately investigate and report allegations of fraud and abuse to the statewide reporting entity, Medicaid Fraud Control Division, and the HCA. The SBH-ASO ~~Quality and~~ Compliance ~~Manager~~ Officer reviews compliance plans and evidence of applicable trainings through the monitoring reviews occurring annually for each provider and subcontractor. Recommendations are made as needed. The QACC reviews any~~the review~~ findings and recommendations to assess trends and inform quality assurance activities.

INCORPORATING FEEDBACK

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

- **Community including I~~i~~ndividuals 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.
  - ~~o~~
- **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, asapplicable.

~~Each Provider is expected to develop a plan to address areas needing improvement.~~

- The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices. ~~Changes~~

may be facilitated by the Network Providers, the Advisory Board, or other processes developed within the SBH-ASO.

REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

The Quality Management Plan is reviewed at least annuallyannually, and a report is generated. The necessity for Quality Management Plan changes are identified by the Quality and Compliance ManagerSBH-ASO Leadership Team based upon contractual changes, through the QACC, and the results of quality management activities described in this plan in consultation with the SBH-ASO Leadership Team..

The Quality Management Plan may be revised by SBH-ASO Leadership Team staff upon recommendation of the QACC. RSuch rrecommendations are based on data and analysis from the full range of quality assurance activities, including results received from external audits or HCA reviews. Changes to the plan must also occur when required by changes in relevant statutes .

The approved Quality Management Plan is then disseminated to providers, and other stakeholders, within thenetworkand the public via the SBH-ASO website..

Salish Behavioral Health
Administrative Services Organization

SBH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/01/2020

Revision Dates: 2/24/2020; 2/23/2021

Reviewed Date: 7/12/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

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

DEFINITIONS

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

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

POLICY

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

PROCEDURE

Timeframes for Authorization Decisions

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

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

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

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

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

   c. Standard authorizations for planned or elective service determinations: The authorization decisions are to be made and any required notices of Adverse Authorization Determinations are to be provided as expeditiously as the Individual's condition requires. SBH-ASO will make a decision to approve, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, SBH-ASO will give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.
      i. An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:
         1. The Individual or the provider requests the extension; or
         2. SBH-ASO ~~or its delegate~~ justifies and documents a need for additional information and how the extension is in the Individual's interest.
      ii. If SBH-ASO ~~or its delegate~~ extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:
         1. SBH-ASO will provide the Individual written notice within three (3) business days of the decision to extend the

timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the Individual of the right to file a grievance if he or she disagrees with that decision.

2. SBH-ASO shall issue and carry out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.

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

i. SBH-ASO will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day, if the information provided is not sufficient to approve or deny the request. SBH-ASO or its delegate must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.

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

1. The Individual requests the extension; or

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

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

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

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

iii. Expedited appeal timeframes apply to Concurrent Review requests.

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

i. SBH-ASO shall notify the Individual and the requesting provider within ~~two~~ three (~~2~~3) business days of SBH-ASO's ~~or its delegate's~~ determination.

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

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

Notification of Coverage and Authorization Determinations

For all authorization determinations the SBH-ASO will notify the Individual, the requesting facility, and ordering provider in writing. SBH-ASO will notify all parties, other than the Individual, in advance whether notification will be provided by mail, fax, or other means. ~~Actions and other Adverse Authorization Determinations which includes denials of Contracted Services based on the lack of Available Resources, SBH-ASO shall:~~

~~1. Notify the Individual in writing and the requesting provider orally or in writing of the decision.~~

~~2. Notify all parties, other than the Individual, in advance whether notification will be provided by phone, mail, fax, or other means.~~

1~~3~~. For an ~~adverse~~ authorization determination~~decision~~ involving an expedited authorization request, SBH-ASO will notify the Individual in writing of the decision. SBH-ASO may initially provide notice orally to the Individual or the requesting provider. ~~may initially provide notice orally within seventy-two (72) hours of the request.~~ SBH-ASO shall provide written notification of the decision within one (1) business day~~seventy-two (72) hours~~ of the decision ~~after the receipt of the request for service~~.

24. For all authorization decisions, the notice will be mailed as expeditiously as the Individual's health condition requires and within three (3) business days of the decision.

4~~3~~5. 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~~6~~5. SBH-ASO will notify the Individual, the requesting provider if applicable, and ordering provider in writing of any decision by the SBH-ASO to deny a service authorization request, or to authorize a service in an amount, duration or scope that is less than requested. This includes, but is not limited to, Adverse Authorization Determinations that occur due to lack of Available Resources, Medicaid payer responsibility, and out of Regional Service Area (RSA) requests. The ~~N~~notice to the Individual and provider shall explain the following:

a. The decision~~action~~ the SBH-ASO has taken or intends to take, and effective date if applicable.

b. The specific factual basis for the ~~reasons for the~~ decision, in easily understood language including citation to any SBH-ASO guidelines, protocols, or other criteria that were used to make the decision and how to access the guidelines, protocols, or other criteria.

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

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

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

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

~~fc. A statement of whether the Individual has any liability for payment.~~

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

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

i. g~~d. Information regarding whether and how the Individual may Appeal the decision~~***, including any deadlines applicable to the process***~~.~~ The circumstances under which expedited resolution is available and how to request it.

~~h. The circumstances under which expedited resolution is available and how to request it.~~

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

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

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.

~~e. The Individual's right to receive SBH-ASO's assistance in filing an Appeal and how to request it, including access to services for Individuals with communication barriers or disabilities.~~

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

   a. The Individual dies;

   b. SBH-ASO has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where the Individual understands that termination, reduction, or suspension of services is the result of supplying this information);

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

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

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

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

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

Salish Behavioral Health Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/01/2020

Revision Dates: 3/4/2020; 6/18/2021

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 Behavioral Health Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name:	WORKSTATION AND PORTABLE COMPUTER USE ~~PROCEDURE~~	**Policy Number:** PS90~~811~~

Effective Date: 1/1/2020

Revision Dates: 1/14/2021

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

~~All staff of Salish Behavioral Health Administrative Services Organization (SBH-ASO) and provider network agencies who use computer terminals, laptop, notebook, or other portable computers must be familiar with the procedure.~~To define the procedure and responsibility for all staff of Salish Behavioral Health Administrative Services Organization (SBH-ASO) who use computer desktop, laptop, and/or mobile devices. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses this and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by employees. The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited.
~~Demonstrated competence in the requirements of the procedure is an important part of every SBH-ASO employee's responsibilities.~~

POLICY

SBH-ASO staff must monitor the computer's (desktop, laptop, and/or mobile devices) operating environment and report potential threats to the computer and to the integrity and confidentiality of data contained in the computer system. SBH-ASO staff will take appropriate measures to protect computers and data from loss or destruction.

PROCEDURE

Workstation Use

Officers, agents, employees, contractors, and others using portable/laptop computers (users) must read, understand, and comply with this policy

- Personnel~~Personnel~~ using SBH-ASO computers, ~~laptops, phone sets, or any other SBH-ASO electronic device~~ needs to secure a safe area for their food and

drinks to prevent damage to these devices~~s will not smoke, eat, or drink at the terminal to prevent damage due to spills and so forth~~.

- Any portable equipment and all related components, and data are the property of SBH-ASO and must be safeguarded and be returned upon request and upon termination of a workforce members employment. Staff are responsible for the equipment SBH-ASO issues during employment.
  - Personnel logging onto the SBH-ASO network~~system~~ will ensure that no one observes the entry of their password.
  - Personnel will neither log onto the system using another's password nor permit another to log on with their password. Nor will personnel enter data under another person's password. Please refer to the SBH-ASO Policy "Password Protection" ~~Procedure~~.
  - Each person using SBH-ASO computers is responsible for the content of any data he or she inputs into the computer or transmits through or outside the SBH-ASO system. No person may hide his or her identity as the author of the entry or represent that someone else entered the data or sent the message. All personnel will familiarize themselves with and comply with Kitsap County e-mail policy.
  - No personnel~~employees~~ may access any confidential or other information that they do not have a need to know. No personnel ~~employee~~ may disclose confidential or other information unless properly authorized (SBH-ASO Confidentiality Use and Disclosure of Protected Health Information Policy).
  - Personnel~~Employees~~ must not leave printers unattended when they are printing confidential information. This rule is especially important when two or more computers share a common printer or when the printer is in an area where unauthorized personnel have access to the printer.
  - Personnel using the computer system will not write down their password and place it at or near the terminal~~, such as putting their password on a yellow "sticky" note on the screen or on a piece of tape under the keyboard~~.
  - Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period.
  - Users must at a minimum lock~~g off the system~~ their computer if ~~he or she~~ leaving ~~leaves~~ the computer terminal unattended ~~for more than thirty (30) minutes or if he/she is leaving the premises~~.
  - No personnel may download protected health information (PHI) from SBH-ASO system onto USB~~diskette~~, CD, hard drive, fax, scanner, any network drive or any other hardware, software, or paper without the express permission of their manager with written notice to the SBH-ASO Privacy Officer.
  - No personnel shall download any software without express written permission of the Kitsap County IS Manager. The Kitsap County IS Manager must approve any software than an employee wishes to download in order to protect against the transmission of computer viruses into the system.

The user agrees to use the equipment solely for SBH-ASO business purposes. The user further understands:

- The user understands that the hardware has been disabled from performing any functions other than those intended for business use and that the user may not attempt to enable such other functions.
- Computers, associated equipment, and software are for business use only, not for the personal use of the user or any other person or entity.
- Users must use only batteries and power cables provided by SBH-ASO and may not, for example, use their car's adaptor power sources.
- Users will not connect any non-SBH-ASO peripherals (keyboards, printers, modems, etc.) without the express authorization of the Kitsap County Information Services department.
- Users are responsible for securing the unit, all associated equipment, and all data, within their homes, cars, and other locations.
- Users may not leave mobile computer units unattended unless they are in a secured location.
- Users should not leave mobile computer units in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.
- Users must place portable computers and associated equipment in their proper carrying cases when transporting them.
- Users must not alter the serial numbers and asset numbers of the equipment in any way.
- Users will not permit anyone else to use the computer for any purpose, including, but not limited to, the user's family and/or associates, clients, client families, or unauthorized officers, employees, and agents of SBH-ASO.
- Users must report in writing any breach of password security immediately to the SBH-ASO Privacy Officer and Kitsap County IS Department.
- Users must maintain confidentiality when using the computers. The screen must be protected from viewing by unauthorized personnel, and users must properly log out and turn off the computer when it is not in use.
- Users must immediately report in writing any lost, damaged, malfunctioning, or stolen equipment or any breach of security or confidentiality to the SBH-ASO Privacy Officer and Kitsap County IS Department.

~~File Naming Procedures~~

~~Any documents or files that contain PHI and are retained by SBH-ASO must include "PHI" in the file name and saved to the secure and confidential drive.~~

~~Laptop Portable Computer~~

~~Officers, agents, employees, contractors, and others using portable/laptop computers (users) must read, understand, and comply with this policy.~~

DRAFT

No user may, for any purpose, download, maintain, or transmit, confidential or other PHI on a computer without the written authorization of the Privacy Officer upon the recommendation of their manager.

SBH-ASO strongly discourages the storage of PHI on portable devices by network providers. Any provider that utilizes portable electronic devices (including but not limited to laptops, thumb drives, removable drives, etc.) to store PHI must have a current encryption strategy policy.

Any portable equipment and all related components, and data are the property of SBH-ASO and must be safeguarded and be returned upon request and upon termination of a workforce membersyour employment. The workforce memberYou isare responsible for the equipment SBH-ASO issue's you during your employment.

The user agrees to use the equipment solely for SBH-ASO business purposes. The user further understands:

- Dial in functions are restricted to dialing into SBH-ASO. User is not permitted to dial into any other unauthorized services, Internet service providers, or any other Internet access or to use the dial-up capabilities in any other manner than as instructed.
- The user understands that the hardware has been disabled from performing any functions other than those intended for business use and that the user may not attempt to enable such other functions.
- Computers, associated equipment, and software are for business use only, not for the personal use of the user or any other person or entity.
- Users will not download any software onto the computer except as loaded by authorized staff of the Information Services department.
- Users must use only batteries and power cables provided by SBH-ASO and may not, for example, use their car's adaptor power sources.
- Users will not connect any non-SBH-ASO peripherals (keyboards, printers, modems, etc.) without the express authorization of the Information Services department.
- Users are responsible for securing the unit, all associated equipment, and all data, within their homes, cars, and other locations.
- Users may not leave mobile computer units unattended unless they are in a secured location.
- Users should not leave mobile computer units in cars or car trunks for an extended period in extreme weather (heat or cold) or leave them exposed to direct sunlight.
- Users must place portable computers and associated equipment in their proper carrying cases when transporting them.
- Users must not alter the serial numbers and asset numbers of the equipment in any way.

- ~~Users will not permit anyone else to use the computer for any purpose, including, but not limited to, the user's family and/or associates, clients, client families, or unauthorized officers, employees, and agents of SBH-ASO.~~
- ~~Users must not share their passwords with any other person and must safeguard their passwords and may not write them down so that an unauthorized person can obtain them. (See the Password Protection procedure)~~
- ~~Users must report in writing any breach of password security immediately to the Privacy Officer.~~
- ~~Users must maintain confidentiality when using the computers. The screen must be protected from viewing by unauthorized personnel, and users must properly log out and turn off the computer when it is not in use.~~
- ~~Users must immediately report in writing any lost, damaged, malfunctioning, or stolen equipment or any breach of security or confidentiality to the Privacy Officer.~~

Enforcement

All managers are responsible for enforcing this procedure. The SBH-ASO Privacy Officer is notified of any violations. Employees who violate this procedure are subject to personnel action.~~discipline.~~

DRAFT

Salish Behavioral Health Administrative Services Organization

SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name:	PROTECTED HEALTH INFORMATION ~~DATA,~~ E-MAIL~~,~~ AND INTERNET SECURITY POLICY	**Policy Number:** PS90912
Effective Date:	1/1/2020	
Revision Dates:	1/14/2021	
Reviewed Date:		
Executive Board Approval Dates:		

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses this and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by ~~employees~~workforce member. The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited.

POLICY

~~The requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require that these policies be established, enforced, and audited. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) uses these and other policies to set limits on the use of email, PCs, cell phones, and telecommunications by employees.~~

This policy ~~statement~~ provides specific instructions on the ways to secure electronic mail (e-mail) on ~~personal~~ computers (desktop, laptop, and/or mobile devices) and servers.

The policies apply to SBH-ASO ~~employees and business associates~~workforce members, and covers e-mail located on SBH-ASO computers if these systems are under the jurisdiction and/or ownership of SBH-ASO. ~~The policies apply to stand-alone personal computers with dial-up modems as well as those attached to networks.~~

PROCEDURE

1. ~~Company~~ SBH-ASO Property

As a productivity enhancement tool, SBH-ASO encourages the business use of electronic communications (voice mail, e-mail, and fax). Electronic communications systems and all messages generated on or handled by SBH-ASO electronic communications systems, including back-up copies, are considered to be the property of SBH-ASO and are not the property of users of the electronic communications services.

2. User Separation

These policies must be implemented where electronic communications systems provide the ability to separate the activities of different users. For example, electronic mail systems must employ user IDs and associated passwords to isolate the communications of different users. However, fax machines that do not have separate mailboxes for different recipients need not support such user separation. All SBH-ASO staff and authorized business associates have unique usernames and passwords to access the e-mail system.

3. User Accountability

a. ~~Regardless of the circumstances, i~~Individual passwords must never be shared or revealed to anyone else besides the authorized user. To do so exposes the authorized user to responsibility for actions the other party takes with the password, and it exposes SBH-ASO to considerable risk.

b. If users need to share computer resident data, they should utilize message-forwarding facilities, public directories on local area network servers, and other authorized information-sharing mechanisms. To prevent unauthorized parties from obtaining access to electronic communications, users must choose passwords that are difficult to guess - not a dictionary word, not a personal detail, and not a reflection of work activities. ~~(Please reference the Password Protection procedure.)~~

4. No Default Protection

Employees are reminded that outgoing SBH-ASO electronic communications systems are not encrypted by default. If Protected Health Information (PHI) must be sent by electronic communications systems outside of the Kitsap County network, an electronic encryption that meets National Institute of Standards and Technology standards or similar technologies to protect the data must be employed.

5. Respecting Privacy Rights

a. Except as otherwise specifically provided, employees and business associates may not intercept or disclose, or assist in intercepting or disclosing, electronic communications. SBH-ASO is committed to respecting the rights of its employees and business associates, including their reasonable expectation of privacy. However, SBH-ASO also is responsible for servicing and protecting its electronic communications networks. To accomplish this, it is occasionally necessary to intercept or disclose, or

assist in intercepting or disclosing, electronic communications.

b. It is the policy of the SBH-ASO that no e-mail message shall be sent or received that contain ~~protected health information (~~PHI~~)~~ unless it is sent with electronic encryption that meets National Institute of Standards and Technology standards, as specified in the HIPAA security rule, and sent to a verified email address. If at any time either a SBH-ASO ~~employee or contractor~~workforce member use e-mail to transmit PHI as part of an unencrypted e-mail message, the SBH-ASO employee shall notify the sending party that the e-mail has been sent in violation of our HIPAA Security Policy~~.~~; delete the message from their mailbox empty their e-mail trash and notify the SBH-ASO Privacy Officer.

c. All electronic communications containing PHI shall be protected and secured as defined by this policy~~,~~ and may be accomplished by accessing the shared network drive through the system Virtual Private Network/Secure Socket Layer system.

6. No Guaranteed Message Privacy

   SBH-ASO cannot guarantee that electronic communications will be private. Employees should be aware that electronic communications could, depending on the technology, be forwarded, intercepted, printed, and stored by others. Furthermore, others can access electronic communications in accordance with this policy.

7. Regular Message Monitoring

   It is the policy of SBH-ASO **NOT** to regularly monitor the content of electronic communications. However, the content of electronic communications may be monitored to support operational, maintenance, auditing, security, and investigative activities. SBH-ASO retains the right to monitor messages to ensure compliance with HIPAA AND 42 CFR Part 2 regulations concerning security and client privacy. Users should structure their electronic communications in recognition of the fact that SBH-ASO will from time to time examine the content of electronic communications.

8. Message Forwarding

   Recognizing that some information is intended for specific individuals and may not be appropriate for general distribution, electronic communications users should exercise caution when forwarding messages. SBH-ASO sensitive information and PHI must not be forwarded to any party outside SBH-ASO without the prior approval of their manager.

Responsibilities

As defined below, Kitsap County and SBH-ASO staff responsible for electronic mail security has been designated in order to establish a clear line of authority and responsibility.

- Kitsap County Information Systems (IS) must establish e-mail security policies and standards and provide technical guidance on e-mail security to all SBH-ASO staff.
- The SBH-ASO Privacy Officer must review all such policies and procedures to ensure compliance with the ~~agency's overall Privacy and Security Plan and to ensure compliance with~~ applicable HIPAA and 42 CFR Part 2 regulations.
- Kitsap County IS staff must monitor compliance with personal computer security requirements, including hardware, software, and data safeguards. Managers must ensure that their staff~~s~~ are in compliance with the personal computer security policy established in this document. Kitsap County IS staff must also provide administrative support and technical guidance to management on matters related to e-mail security.
- SBH-ASO managers must ensure that employees under their supervision implement e-mail security measures as defined in this document.

Contact point

Questions about this policy may be directed to the SBH-ASO Privacy Officer.

Enforcement

All managers are responsible for enforcing this procedure. The SBH-ASO Privacy Officer is notified of any violations. Employees who violate this procedure are subject to personnel action.

~~Violation of these policies may subject employees or business associates to disciplinary procedures in accordance with Kitsap County's personnel policies.~~

DRAFT

Salish Behavioral Health
Administrative Services Organization

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 Behavioral Health
Administrative Services Organization

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".