



## **SALISH BHO**

### **ADVISORY BOARD MEETING**

**DATE:** Friday, January 4, 2019

**TIME:** 10:00 AM – 12:00 PM

**LOCATION:** **City of Sequim, Transit Center  
190 W Cedar Street, Sequim WA 98382**

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#### **A G E N D A**

<https://spf.kitsapgov.com/hs/Pages/SBHO-ADVISORY-BOARD.aspx>

- 1) Call to Order
- 2) Announcements/Introductions
- 3) Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
- 4) Approval of Agenda
- 5) Approval of November 16, 2018 Minutes (Attachment 5)
- 6) Action Items
  - a. Nominating Committee
  - b. Substance Abuse Block Grant (SABG)
  - c. Meeting Schedule
  - d. Board Priorities (Attachment 6.d)
- 7) Informational Items
  - a. Report on Executive Board Action
  - b. Next Steps in 2019 (Attachment 7.b)
  - c. Early ASO Budget Estimate
  - d. HCA MOU
  - e. Recruitment Efforts
- 8) Opportunity for Public Comment (limited to 3 minutes each)
- 9) Board Member Check-in
- 10) Adjournment

## ACRONYMS

<b>ACH</b>	Accountable Community of Health
<b>ASAM</b>	Criteria used to determine substance use disorder treatment
<b>ASO</b>	Administrative Service Organization
<b>BH-ASO</b>	Behavioral Health – Administrative Service Organization
<b>BHO</b>	Behavioral Health Organization, replaced the Regional Support Network
<b>CAP</b>	Corrective Action Plan
<b>CMHA</b>	Community Mental Health Agency
<b>CMS</b>	Center for Medicaid & Medicare Services (federal)
<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Division of Child & Family Services
<b>DCR</b>	Designated Crisis Responder
<b>DDA</b>	Developmental Disabilities Administration
<b>DSHS</b>	Department of Social and Health Services
<b>E&amp;T</b>	Evaluation and Treatment Center (i.e., AUI, YIU)
<b>EBP</b>	Evidence Based Practice
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EQRO</b>	External Quality Review Organization
<b>FBG</b>	Federal Block Grant (specifically MHBG and SABG)
<b>FIMC</b>	Full Integration of Medicaid Services
<b>FYSPRT</b>	Family, Youth and System Partner Round Table
<b>HARPS</b>	Housing and Recovery through Peer Services
<b>HCA</b>	Health Care Authority
<b>HCS</b>	Home and Community Services
<b>HIPAA</b>	Health Insurance Portability & Accountability Act
<b>HRSA</b>	Health and Rehabilitation Services Administration
<b>IMD</b>	Institutes for the Mentally Diseased
<b>IS</b>	Information Services
<b>ITA</b>	Involuntary Treatment Act
<b>LOC</b>	Level of Care
<b>MAT</b>	Medical Assisted Treatment
<b>LRA</b>	Least Restrictive Alternative
<b>MCO</b>	Managed Care Organization
<b>MOU</b>	Memorandum of Understanding
<b>OCH</b>	Olympic Community of Health
<b>OTP</b>	Opiate Treatment Program
<b>PACT</b>	Program of Assertive Community Treatment
<b>PATH</b>	Programs to Aid in the Transition from Homelessness
<b>PIHP</b>	Prepaid Inpatient Health Plans
<b>PIP</b>	Performance Improvement Project
<b>P&amp;P</b>	Policies and Procedures
<b>QA, QI</b>	Quality Assurance, Quality Improvement
<b>QUIC</b>	Quality Improvement Committee
<b>QRT</b>	Quality Review Team
<b>RCW</b>	Revised Code Washington
<b>RFP, RFQ</b>	Requests for Proposal, Requests for Qualifications
<b>SABG</b>	Substance Abuse Block Grant
<b>SAPT</b>	Substance Abuse Prevention Treatment
<b>SBHO</b>	Salish Behavioral Health Organization
<b>SUD</b>	Substance Use Disorder
<b>UM</b>	Utilization Management
<b>WAC</b>	Washington Administrative Code
<b>WM</b>	Withdrawal Management
<b>WSH</b>	Western State Hospital

[Full listing of definitions and acronyms](#)

## ACTION ITEMS

### a. NOMINATING COMMITTEE

Helen Morrison served on the Nominating Committee along with Jennifer Kreidler-Moss and Jon Stroup. The Nominating Committee reviews Advisory Board Member applications and makes recommendations to the Executive Board. As Helen is not continuing to serve on the Advisory Board in 2019, this committee will only have two members.

### b. SABG

Following this year's Request for Proposal (RFP) cycle, the unallocated amount of SABG was \$247,000. Staff provided all SUD providers the opportunity to submit additional proposals for the remaining unallocated funds. Proposals for unallocated funds were received from Reflections Counseling, West End Outreach Services, and West Sound Treatment Center. The total request from providers was \$373,240. A handout outlining the requests and the recommendations for use of available funds will be provided at the meeting.

### c. 2019 MEETING SCHEDULE

If the Board continues to meet on the 1st Friday of each month in 2019, those dates would be: February 1st, March 1st, April 5th, May 3rd, June 7th, July 5th, August 2nd, September 6th, October 4th, November 1st and December 6th. Historically, the Board has chosen to cancel one meeting during the Summer. In 2019, the July meeting would fall the day after the 4th of July.

### d. 2019 BOARD PRIORITIES

It was requested that time be set aside at the January meeting to discuss the 2019 Board priorities. Last year, the Board went through a prioritization process and identified five areas on which to focus its attention: Integration, Quality Issues/Quality Matrix, 1/10th Funding and Education, SBHO Budget Matters, RFP Process. The full list of priorities has been attached for your reference.

## INFORMATIONAL ITEMS

### a. REPORT ON EXECUTIVE BOARD ACTION

At the December Executive Board meeting, the Board took the following Actions.

- Established a One-Time Only Staff Incentive Pay Program for Successfully Transitioning to Fully Integrated Managed Care.
- Appointed Clallam County Commissioner Mark Ozias as 2019 Chair
- Approved utilization of State "Unreserved" Reserve funds for adding Project Management and Consulting support for SBHO to complete: BHO Close-Out Activities, NCQA Standards for MCO Delegation and Contracting, and HCA Readiness Review.

### b. NEXT STEPS IN 2019

The ASO contract requirements and limited HCA funding continue to pose significant challenges in feasibility. Staff will provide an update on the ASO contract and early ASO budget projections. If the SBHO intends seek approval to become the BH-ASO, there is a considerable amount of work to complete in the first nine months of 2019.

In addition to SBHO routine operations, the work to be completed 2019 can be broken out into four main categories: BHO Closeout Activities, NCQA Standards for MCO Delegation and Contracting, HCA Readiness Review and Provider Technical Assistance.

- In 2018, DBHR created a guidance document to assist with identifying some of the core tasks involved in the closeout of a BHO. This document is attached for your review.
- In order for the SBHO to contract with the MCOs under the HCA Fully Integrated Care Model, the SBHO must first meet National Committee for Quality Assurance (NCQA) Standards for the delegated function. The SBHO will need to successfully complete this process with Molina, United Healthcare, Amerigroup and Coordinated Care.

- In order to gain approval by the HCA to become a BH-ASO, the SBHO will have to first pass a detailed and comprehensive readiness review.
- The early and mid-adopter transition to FIMC has been quite challenging for behavioral health providers. In many regions, BHOs and ACHs have partnered to bring technical assistance in the areas of IT, Data/Billing and overall infrastructure development.

b. EARLY ASO BUDGET ESTIMATE

Staff has drafted an early rough estimate of the BH-ASO budget. This draft budget is based on all currently available information as the HCA has not yet shared Salish specific numbers. The budget estimate is based on the following assumptions about BH-ASO revenue: the ASO will receive 70 percent of the non-proviso state funds, 70 percent of two proviso programs (PACT and ECS), and 100 percent of other non-Medicaid funding sources including CJTA funds. The total revenue from HCA/BH-ASO Contract is estimated at \$7,770,266. With the maximum Administrative and Direct Support withholdings, the SBHO would have an operational budget of \$1,165,539. Staff has estimated the total expenditures to be \$1,500,000-\$1,600,000.

c. HCA MOU

In October, staff submitted a draft MOU to the Healthcare Authority (HCA). The MOU was written with the intent of providing the best opportunities for our region during and following the transition to Fully Integrated Managed Care (FIMC). Staff followed up with the HCA via e-mail on November 6th, November 20th and November 27th. Just prior to Christmas, staff received a request from the HCA to schedule a phone call to discuss the MOU. The call to discuss the MOU is scheduled for January 2nd. Staff will provide an update.

d. RECRUITMENT EFFORTS

Staff has been actively recruiting to fill the Advisory Board vacancies. For Clallam County, vacancies were posted at the County Courthouse, Commissioners Office, and County Health and Human Services office. This was coordinated through the Deputy Clerk of the Board in Clallam County. An ad was run on multiple occasions in the Peninsula Daily News. Current Advisory Board member, Janet Nickolaus, has been using her resources and connections in the community to assist with finding new members. Commissioner Ozias is also aware of the vacancies and has been working to promote the open positions. Staff received Helen Morrison's resignation letter in November. In addition, SBHO Staff is working with the Jefferson BOCC Staff to find other avenues to promote the Jefferson County vacancy.

**MINUTES OF THE  
SALISH BEHAVIORAL HEALTH ORGANIZATION  
ADVISORY BOARD**

**10:00 A.M., Friday, November 16, 2018  
City of Sequim, Transit Center  
190 W Cedar Street, Sequim WA 98382**

**CALL TO ORDER** – Russell Hartman, Chair, called the meeting to order at 10:00 am.

**INTRODUCTIONS** – Self introductions were conducted around the room.

**ANNOUNCEMENTS** – Jolene Kron has been promoted to SBHO Deputy Administrator.

**OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS:**

ADA Assistive Listening Devices were available for board members and members from the public to use during the meeting.

**APPROVAL OF THE AGENDA**

The agenda was amended to add Sandy Goodwick's presentation of the behavioral health conference she attended and the topic of the December meeting schedule as an Informational Items.

**MOTION:**        moved to approve the amended agenda. Anne Dean seconded. Motion Carried Unanimously.

**APPROVAL OF October 5, 2018 MINUTES**

Lois requested an adjustment to page 6 of the minutes to reflect that Sandy will provide a report of the behavioral health conference to the Advisory Board.

**MOTION:** Sally O'Callaghan moved to approve the minutes as amended from the October 5, 2018. Freida Fenn seconded. Motion Carried Unanimously.

**ACTION ITEMS**

- Cancellation of December Advisory Board Meeting
  - Due to a short duration between the November 16, 2018 meeting and the next regularly scheduled meeting on December 7, 2018, it was discussed whether to meet or cancel the December meeting.

**MOTION:** Freida Fenn moved to cancel the December 7, 2018 Advisory Board meeting. Lois Hoell seconded. Motion Carried.

**INFORMATIONAL ITEMS**

- Fully Integrated Managed Care
  - Broad Overview of Integration
    - Dr. JooRi Jun, Clinical Transformation Manager, from the Olympic Community of Health (OCH) provided a brief overview of the integration initiative and an update on the status of the OCH in our region.
    - The Medicaid Transformation Project is a contract between the State's HCA &

CMS authorizing up to \$1.5 billion in federal investments to promote innovative, sustainable, and systemic changes in the health delivery system and other social supports for the Medicaid population.

- The transformation project includes financial integration, which supports the clinical integration, however the clinical aspect may take longer to affect.
- There are 3 initiatives under the transformation: Transformation of Medicaid Delivery Systems through Accountable Communities of Health (ACHs), long-term services and support for the aging population, and supportive housing and supported employment.
- Only the first of the three initiatives were covered in the presentation.
- Roadmap for the Salish Region
  - The Roadmap refers to the financial integration portion of Fully Integrated Managed Care.
  - The Salish Regional Service Area will transition to Fully Integrated Managed Care (FIMC) on January 1, 2020.
  - The board reviewed and discussed the expected breakout of financial disbursement of funds in Fully Integrated Managed Care.
  - SBHO staff must start delegation prep work that meets the National Committee of Quality Assurance (NCQA) standards in 2019.
  - The SBHO region will need to sign a binding letter of intent to become a BH-ASO by May 2019. This is the last chance for the BHO to not become an BH-ASO.
  - The SBHO will need to complete the Health Care Authority's Readiness Assessment in September/October of 2019.
- Coordinated Care of Washington in 2019
  - Coordinated Care was awarded the statewide Fully Integrated Managed Care contract for individuals under the Apple Health Foster Care Program. This change goes into effect January 1, 2019.
  - The State is currently behind on signing the contracts for Coordinated Care.
  - The BHO will not be able to sign a contract with Coordinated Care on January 1, 2019 due to the lack of time between the proposal and action.
  - Currently SBHO providers who would like to serve and continue to serve this population are in negotiations to contract for these services, including crisis services, with Coordinated Care.
- **Overview of Medication Assisted Treatment**
  - Medication-Assisted Treatment (MAT), including Opioid Treatment Programs (OTPs), combines behavioral therapy and medications to treat substance use disorders.
  - BayMark will continue to work towards meeting and providing Opiate Treatment Program services to our three-county region with anticipated opening dates of April 2019 in Port Angeles and May 2019 in Kitsap County.
- **Substance Abuse Block Grant**
  - All recommendations the SABG RFP committee forwarded to the Executive Board were approved with one exception. This resulted in a remaining fund balance of \$247,152.
  - Salish Staff will re-open these funds to currently contracted providers and will

bring back their recommendations for review by this Board.

### **OPPORTUNITY FOR PUBLIC COMMENT**

- Kim Yacklin (Clallam County Health and Human Services) – Kim inquired as to how the Olympic Community of Health is coordinating with the State's two other branches of the Medicaid Transformation Project, Supported Housing and Employment and Long-Term Services and Supports.
- G'Nell Ashley (Reflections Counseling Services) – G'Nell suggested that Advisory Board members should reach out to their local Natural Communities of Health (facilitated by the Olympic Community of Health) to receive answers to some of the questions that had been asked today.

### **FOR THE GOOD OF THE ORDER**

- Stephen Workman – would like to discuss inviting law enforcement representatives to attend future Advisory Board meetings.
- Sandy Goodwick – requested SBHO staff provide information on what efforts have been made to recruit for open Advisory Board positions.
- Sally O'Callaghan- Appreciated the meeting and speakers. Would like to know the next meeting date and to discuss the board priorities.
- Anne Dean – thanked all the providers for attending.
- Frieda Finn – thanked Stephanie and Dr. JooRi Jun for their presentations.
- Stephanie Lewis - Confirmed the next regularly scheduled Advisory Board meeting will take place on January 4<sup>th</sup>, 2019.

**ADJOURNMENT** - The meeting adjourned at 12:00 pm.

### **ATTENDANCE**

<b>MEMBERS</b>	<b>GUESTS</b>	<b>STAFF</b>
<u>Present</u>		
Roberta Charles	G'Nell Ashley, Reflections Counseling Services	Jolene Kron
Sandy Goodwick	Colleen Bradley, Salish FYSPRT	Stephanie Lewis
Russell Hartman	Andy Brastad, Clallam County Health and Human Services	Ileea Nehus
Lois Hoell	Kim Yacklin, Clallam County Health and Human Services	Doug Washburn
Janet Nickolaus	Ellen Epstein, RMH Services	
Sally O'Callaghan	Wendy Sisk, Peninsula Behavioral Health	
Stephen Workman	Miranda Burger, Olympic Community of Health	
Anne Dean	Bernadette Sueyth, CHIP Jefferson	
Frieda Fenn	Lori Fleming, CHIP, Jefferson	
Jolene George	Tanya MacNeil, West End Outreach Services	
Jennifer Kreidler-Moss	JooRi Jun, Olympic Community of Health	
<u>Absent/Excused</u>		
Helen Morrison		
Charles Pridgen		
Jon Stroup		
Catharine Robinson		



Providing Behavioral Health Services in  
Clallam, Jefferson and Kitsap Counties

# SALISH BHO

## Advisory Board Priorities

### 2018

#### 1. Integration

- BHASO Decision
  - Identify services that will remain post integration
  - Pilot Project
  - Olympic Community of Health Updates
  - Reserves – Spend Down
  - Presentations
    - MCOs
    - Beacon
    - HCA
2. Quality Issues/ Quality Matrix
  3. 1/10<sup>th</sup> Funding, Education
  4. SBHO Budget Matters
  5. RFP Process
    - Block Grant RFPs

- Best Practices
- Cost of different types of care
- Penetration Rates
- Funding Flows
- Cost of Programs, ROI
- Improving Access to Care
- WSH/Forensic Com
- ITA Changes
- MAT Access
- SUD Practices
- 1<sup>st</sup> Break Schizophrenic Protocols
- Closure of Harrison
- Peer Support

- Pharmacy Lawsuits
- Discussion of Recovery from CSX perspective
- MH and SUD Prevention
- Establish work groups for work in between meetings
- Learn what the EB wants
- BayMark Presentation
- Early Intervention
- Education for the board, more presentations
- Prevention of MH/SUD
- Funding distribution
- Law Enforcement
- Improvement of access to care
- Criminal Justice Issues/Jail

## Division of Behavioral Health and Recovery

### Behavioral Health Organization Closeout Guidelines/Transition to Integrated Managed Care

5-7-18

***This guidance document is provided in response to a request for items to be considered in closing down a BHO. The document is not exhaustive and should not be relied upon as being a complete set of procedures and steps to be taken by a BHO in the event of a BHO closure.***

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## Overall Planning

- Using this as a guide, create a written plan for closing down the business entity (BHO). Include duties, timelines, sequencing, responsibilities, and assigned staff for the overall plan and each step. This plan is to be shared with DBHR and HCA.
- Consult legal counsel, state auditor, DBHR, etc. regarding requirements and expectations in the event of shut down of the BHO.
- Review all contracts for termination and notification procedures.
- Set realistic goals and timelines.

## General Business Operations

### *Human Resources/Personnel*

- Consult Human Resources and legal counsel in early planning phase.
- Involve Governing Board and Administrator early on regarding the review and analysis of needs beyond the closeout date. This will include consideration on how to maintain staff through the transition.
- Review human resources policies for notice, termination, transfer, etc.
- Provide appropriate notice for employees regarding retention guidelines and/or formal notification of lay-offs.
- Identify contingency plans to continue required functions should staff not be available.
- Prepare to complete final performance evaluations.

### *Office Space/Vendor Notification*

- Ensure proper notification to all leasing agents and vendors for termination of:
  - Office building and included utilities
  - Professional services (janitorial, shredding, etc.)
  - Equipment leases (Xerox copier, water cooler, etc.)
  - Other agreements (banking, safe deposit storage, etc.)

### *Inventory of Assets and Property*

- Complete inventory of all assets and property that were purchased with Medicaid and/or State dollars during the BHO contracting period starting 4/1/16.
  - Inventory should list all major items costing \$500 or more (i.e. computers, phones systems, etc.) and a brief description of the age and condition of these items.
  - Inventory should include assets such as buildings, cars, land, etc.
  - The inventory should be dated and include the name(s) of the person(s) who completed the inventory.
  - Once this inventory is completed, DBHR and the BHO will come to an agreement as to how items will be liquidated or repurposed to support ongoing services, or repurposed to the BH-ASO.
- If assets or property were not purchased with Medicaid or State dollars, then it is up to the BHO as to how they will liquidate these assets. The decision process would fall to the BHO's governing board and any relevant inter-local agreements.

## Financial Activities

BHO Fiscal and Contracts staff must maintain oversight of contractual requirements through expiration/termination. Additional payment activities will need to occur for up to 6 months after the closeout date.

- Review closeout requirements from all contracts.
- The BHO will need to ensure that a Finance Manager or designee will be delegated to finalize fiscal reports, ensure accuracy, and complete final payments/reconciliations into the early period of the transition, after the contract ends.
- Purchase or arrange for tail liability coverage, D&O (directors and officers) and B & O (business and occupation) insurance.
- Plan to:
  - Receive and review final Revenue and Expense Reports from Providers.
  - Submit all required Revenue and Expense Reports to the State.
  - Provide final payments to all subcontractors for services provided through the end of the contract period.
- Complete any required financial closeout reviews. Plan to participate in a final financial closeout on-site review with DBHR 6 months post closeout.
- Plan to provide payments for all invoices for mental health inpatient and substance use disorder residential stays authorized up until the closeout date. The Managed Care Entities (MCEs) will be responsible for any services authorized post closeout date.

## Spenddown Plan

The BHO and DBHR will develop a mutually agreed upon spenddown plan for all funding sources, Medicaid, non-Medicaid, and reserves.

- The spenddown plan shall identify all funds that will be obligated to fully complete the closeout process.
- The BHO will need to identify any unobligated fund balances and reserves. The BHO must return all unobligated fund balances and reserves to HCA 60 days after the contract period ends.
- All costs included in the spenddown plan must be encumbered during the contract period, with the exception of administrative costs to cover necessary activities post closeout (such as personnel costs to complete financial and data tasks).
- Reserves may not be used to pay for services provided beyond the end of the contract period and may not be used for start-up costs after the contract period (i.e. encumbered after the contract period to support the transition to integrated managed care).
- DBHR will conduct a financial closeout review 6 months after the contract period ends. The BHO must return all remaining fund balances and reserve funds to HCA 60 days after completion of the financial closeout review.

## Contracts and Agreements

### *Termination of Contracts/Agreements and Notification*

The BHO should follow termination and notification requirements for all contracts, subcontracts, MOUs, and other agreements. Formal notification timelines should be followed. Notices of non-renewal (or notices of contract changes for those BHOs participating in a transition year) to network providers should include a summary of final closeout expectations.

- Develop a list and schedule of all contracts with subcontracted network, out of network, or delegated entities that will either expire or terminate. Include dates as to when required formal notices need to be sent out.
- Develop a list of any MOUs or agreements that need to be formally terminated. Include dates as to when required notices will be sent out, or when the other party will be contacted.
- The BHO must formally notify DBHR of termination of the contract, per “termination for convenience” requirements outlined in the General Terms and Conditions.
- If a provider is closing completely, the BHO will need to verify with the provider that the Certification and Licensing entity has been notified and that the provider has followed all required closeout procedures per the WAC.

## *Audits and Monitoring*

The BHO should complete reviews and audits as required through the expiration/termination of contracts and completion of transition activities.

- Set a schedule of all remaining provider audits (clinical, administrative, or financial), including follow up or resolution on any outstanding corrective action plans.
- Plan and schedule to complete any remaining or required provider Encounter Data Validation activities and reports.
- Plan and schedule any final financial closeout reviews or audits of provider network, including review of final Revenue and Expenditure reports and any necessary reconciliation activities.

## *Clinical Services and Continuity of Care*

### *Enrollee Notification*

The BHO should coordinate with Health Care Authority, Division of Behavioral Health and Recovery, regional Inter-local Leadership groups and the Accountable Communities of Health on developing appropriate communication strategies for the region. Formal notification of the regional transfer to a MCO network will be completed by Health Care Authority. . The BHO should ensure providers, all BHO staff, and the BHO Governing Board are aware of information relayed to assist in answering questions as needed.

- The BHO website should be updated to indicate the transfer and provide ongoing contact information for all contracted MCOs, BH-ASO, Third Party Administrator, Health Care Authority, behavioral health service providers, and others as needed. Updates should be completed prior to the closeout date and continue for a reasonable period of time on the website after the transition date.

## *Authorizations and Census/Enrollment*

- If the authorization process and authorizations are delegated or contracted out by the BHO, the BHO should plan to meet with this subcontractor to review termination of contract and outline steps for transfer of information. If conducted in-house, the BHO will still need to plan transfer of information.
- The BHO will need to set dates for receiving final submissions of authorizations, copies of Notice of Adverse Benefit Determination letters, and final open authorization information.
- The BHO should plan to prepare census and enrollment information at least 30 days prior to termination. This information will be critical to facilitating continuity of care for BHO clients, as they transition under MCO management.

- The BHO will coordinate with the Health Care Authority to collect information on clients in active treatment or with open authorizations. The Health Care Authority will request information (with a template) on all clients who are in active treatment or have open authorizations, and HCA will match the clients to their January 1, 2019 MCO, and then share the authorization data to the MCO in advance of go-live. This allows each MCO to be aware of which members are in active treatment on go-live and facilitate continuity of care for those clients.
- This information will include all clients expected to have a continued episode of care after the BHO's closeout date. The BHO should provide current treatment information to the Health Care Authority. The Health Care Authority will facilitate a process for the BHO to obtain consent to share SUD treatment information and to record which clients have signed a consent form.
- HCA will provide templates to the BHO to insert continuity of care data, which will include:
  - Client identifiable information (i.e. name, DOB, P1 number, Medicaid eligibility status, etc.)
  - What services are being provided
  - Planned treatment end date
  - Service provider information (agency)
  - Administrative records
  - Interregional transfer agreements
  - Newly discharged clients
  - Any other activities requested by HCA

### Continuity of Care and Knowledge Transfer Process

Continuity of care should be a primary goal, with an aim to achieve minimal or no disruption in services for clients when their benefits are transferred. The BHO should develop a plan to address priority service types (i.e. crisis services) and specific programs (i.e. WISe, PACT, individuals authorized for Medicaid Personal Care, etc.), ensuring thorough communication, coordination, and any necessary transfer of important or pertinent knowledge.

### Crisis Hotline

- The BHO should plan carefully how contracts with subcontracted crisis line provider(s) will be terminated.
- The BHO should provide ample notification to the provider(s), at least 60 days in advance, regarding change (if any) in crisis hotline number after transition to managed care.
- If applicable, the BH-ASO should be assisted in re-routing respective crisis lines to their chosen system.
- Any change in crisis line number(s) should be widely and proactively communicated, to ensure there is no disruption to this service.

*Designated Crisis Responders (formerly referred to as Designated Mental Health Professionals/DMHPs)*

- The BHO should review the County designation process with the incoming MCOs and BH-ASO to coordinate continuing designation of DCRs (to be transitioned to Designated Crisis Responders (DCRs) in April 2018). Please note that counties will continue to be responsible for formal designation of DCRs after the transition to Integrated Managed Care. The incoming BH-ASO may assist counties in establishing a process to facilitate continued designation.
- The BHO should notify existing court representatives of upcoming transition of oversight and make efforts to connect MCOs and the BH-ASO representatives with local court representatives for coordination of ongoing court processes and payments.

*Coordination with Eastern or Western State Hospital*

- A copy of the BHO-State Hospital written agreements must be provided to the MCOs who will need to develop a similar agreement. Please provide the draft version if agreement is not fully executed.
- The BHO must adhere to BHO-State Hospital agreements for admissions and discharges leading up to termination of the BHO, and determine the following:
  - The number, location, and order of people on the Admission waitlist
  - The number of bed allocations
  - The current BHO census
  - What the over census pending overage charges are for the BHO  
The number of people in the BHO service area who are ready for discharge, including demographic information and current discharge plan

*Mental Health Inpatient/General Considerations*

- The BHO should plan for the transition of care management and hospital liaison functions. Unless otherwise agreed upon with the MCOs, please note that transition and coordination will be required regardless of whether these functions are in-house to the BHO or subcontracted out.
- Once the MCO(s) and BH-ASO are identified, BHO should plan for the MCOs and BH-ASO to participate in care management and liaison activities to assist in the transition.
- BHO (or delegated entity) must provide a final open authorization list for inpatient mental health services to be shared with BH-ASO and MCOs.

- All covered inpatient stays that occur during the contract period will be paid by the responsible BHO and will be included in the closeout activities covered in the mutually agreed upon spenddown plan. The portion of inpatient stays after the contract period will be the responsibility of the MCOs and/or BH-ASO.

#### *Evaluation and Treatment facilities*

- The BHO (or delegated entity) must provide a final open authorization list for inpatient mental health services to be shared with BH-ASO and MCOs.
- Information that will need to be shared during the transition period will include:
  - Patient census data
  - Legal civil detention status of each patient
  - Payment source (Medicare, Medicaid, private pay, state only, etc.) for each patient; and
  - Discharge plan for each patient with a long term order (90 day order, 180 day order, 90 LRA rev order, 180 LRA rev order, and 365 LRA rev order) for the plan of responsibility

#### *Substance Use Disorder Residential and Withdrawal Management Providers (both in network and out network)*

- Plan to compile a final list of open authorizations for SUD residential treatment for coordination of continuing service. All SUD residential stays active up until the date of transition must be paid by the BHO. The portion of SUD residential stays after the contract period will be the responsibility of the MCOs and/or BH-ASO.

#### *Children's Long Term Inpatient Program (CLIP)*

- Upon identification of which entity or entities will maintain oversight of CLIP application activities (i.e. putting together the CLIP packet), efforts should be made to coordinate a transfer of CLIP Review Committee, Care Management activities (treatment plan reviews and discharge planning), and provision of application assistance when requested.
- The BHO will need to provide a list of all individual placements.
- The BHO should also provide information on the management of Roads to Community Living funds, including application, payment, and records retention.

#### *Specialized Programs/Services*

- Specialized services or programs to consider in the planning and include in the closeout/transition are listed below. Note that this list will be unique to each BHO and may not be a complete list.

Becoming Employed Starts Today (BEST)  
BHO funded peer support training activities  
Children's Long Term Inpatient (CLIP)  
Criminal Justice Treatment Account (CJTA) & Drug Courts  
Crisis Services/Designated Crisis Responders  
Family Youth and System Partner Round Tables (FYSPT)  
First Episode Psychosis Program and Early Psychosis Initiative  
Free Standing Evaluation and Treatment Centers Discharge Planners and Hospital Liaisons  
Housing and Recovery through Peer Services (HARPS)  
Medicaid Personal Care (ALTSA)  
Mental Health Block Grant  
Offender Re-Entry Community Safety Program (ORSCP)  
Ombuds Services  
Peer Bridgers  
Permanent Options for Recovery Centered Housing (PORCH)  
Program of Assertive Community Treatment (PACT)  
Quality Review Teams (QRT)  
Withdrawal Management (Detox)/Secure Withdrawal Management  
Substance Abuse Block Grant  
The Projects for Assistance in Transition from Homelessness (PATH)  
Wraparound with Intensive Services (WISe)

#### *WISe Services*

- The State will coordinate a transfer of BHAS data information and the administrative oversight of BHAS to the appropriate MCOs. This transfer of data will relay current enrollment data to the appropriate MCOs at the time of transfer.

#### *PACT Services*

- The BHO should complete a transfer of information regarding contract requirements and the fidelity model to MCOs/BH-ASO as necessary to ensure smooth transition of this program. If the BHO has altered the fidelity model or they are providing an augmented version (example – adding additional positions such as a residential specialist to PACT team), then the BHO should share this with the MCOs/BH-ASO during the knowledge transfer process.

### *Medicaid Personal Care Services*

- The BHO should work with HCA, the MCOs, and ALTSA to notify referral sources of changes to oversight and approval process. In coordinating communication efforts, the BHO should consider any MOUs or working agreements with local Home and Community Services, Aging and Long Term Care Administration, or local Area Agencies on Aging.
- The BHO should work with the MCOs to manage coordination of care for clients currently authorized for MPC by the BHO to ensure the MCOs have authorizations in place.
- The BHO should plan, as part of their record retention plan, to retain records of Medicaid Personal Care approvals and denials. These records should be made available during the transition period for payment verification.

### Tribal Coordination

#### *Tribal Coordination with the Tribes and Urban Indian Health Programs*

- The BHO should develop communication strategies with local tribe(s) and Urban Indian Health Programs (UIHPs) within its service area as appropriate about the transition. This may be done in conjunction with any broader stakeholder communications you may be developing with HCA or in your Inter-local Leadership Group.
- The communication strategies should address how and when the local tribe(s) and UIHPs will be formally notified of the BHO's closeout.
- If the BHO is planning to be the Administrative Service Organization (ASO) for the region, the strategies should also address how the BHO plans to continue with coordination and continuity of services in their new role.

### Data Submission and Data Sharing/Transition Activities

- The BHO will need to ensure that all contractual obligations in data submission and data certification will be met through the BHO closeout date for providers and the BHO.
- The BHO should review the contracts to determine what data requirements exist (i.e. closeout, data retention, data transfer, EDV reports, etc.)
- The BHO will need to ensure staffing capacity to finalize service data, ensure accuracy, and complete final BHO data submissions through the transition date.

### Records Retention and Accounts Access

- BHO should review contracts and other sources, such as The Code of Federal Regulations and Centers for Medicare and Medicaid Services, to determine requirements for retention of records. Specifically, the BHO should review CFR § 438.3 (u), as some retention requirements have recently increased to ten years.
- BHO will need to develop a plan for identifying necessary records, ensuring secure maintenance, and secure transport and storage of physical records. If the BHO is not already affiliated with a county, an archiving vendor may need to be identified.
- The BHO will need to determine what records will be needed to complete all financial activities identified in the Financial Activities section, as a set of records related to service provision and payments will need to be maintained and available to conduct those activities.
- The BHO will need to arrange and complete destruction of hard drive, server, and other hardware, to be completed upon completion of necessary use for continuing technology.
- The BHO will need to be mindful that BHO staff have access to a variety of secure systems. The BHO will need to ensure proper termination of this access upon BHO closeout date. Appropriate and ongoing access for any remaining staff will need to be coordinated.
- The BHO will need to ensure their website and DBHR has information on how records can be requested after the termination date.

### Final BHO Reviews

- Obtain a financial closeout review from DBHR. DBHR will complete this 3-6 months post closeout, depending on the size of the BHO.
- Complete and actively participate in the External Quality Review.
- Resolve any outstanding review findings.

### Quality Management and Other Deliverables

- The BHO should complete necessary quality management activities as described in the Quality Management Plan and/or as required by contract, including submission of deliverables where indicated, through the BHO closeout date.
- Examples of these activities and deliverables include, but are not limited to:
  - Monitoring of any initiatives as indicated by the BHO Quality Management Work Plan
  - Performance Improvement Project data collection and report submissions.
  - Grievance Quarterly Reports
  - WISe Bi-monthly Progress Reports
  - Annual CLAS Standards Report
  - Monthly IMD Report
  - Monthly Data Certification
  - Quarterly Revenue and Expenditure Report

## Committees, Boards, and Other Transfer Activities

The BHO should maintain all boards and committees through the closeout date.

### *FYSPRT*

- BHO should coordinate with the FYSPRT Coordinator.
- Transfer of responsibility for FYSPRT Strategic Plan, Activities Outline, and meeting coordination should be transitioned to the BH-ASO providing ongoing oversight.
- All membership information and existing Plans and Outlines should be provided, with meeting attendance expected.

### *CLIP Committee*

- Oversight of CLIP review for submission is the responsibility of the incoming BH-ASO, and the MCOs are required to participate in this process. The BHO should provide contact information for current CLIP Committee members, meeting schedule, and all relevant information on existing processes to the incoming BH-ASO and IMC MCOs.

### *Enrollee Due Process*

- The BHO will need to ensure resolution of Grievances and Appeals up until the closeout date.

- Post closeout, the BHO will need to ensure staffing capacity and relevant Grievances and Appeals records are available to assist DBHR's Administrative Hearings Representative with any hearings related to the contract period.
- In anticipation of the transition, the BHO should ensure thorough internal processes and robust record-keeping as records may need to be utilized in administrative hearings post closeout.
- The BHO will need to designate a contact person for DBHR to contact, should questions related to grievances, appeals, or administrative hearings arise post closeout.

### Community and Media Communications

- The BHO should develop an overall communication plan and involve their network providers. This may be done in conjunction with HCA or the Inter-local Leadership Structure.
- The BHO should follow all existing contract rules regarding notice to DBHR in the event of potential media coverage.
- The BHO should develop a plan to update their website accordingly.

## Important and Ideal Timelines

At least 6 months prior to BHO closeout date	At least 4 months prior to closeout date	At least 3 months prior to closeout date	At least 1 month prior to closeout date
Spenddown Plan in Development	Spenddown Plan Approved by DBHR	Closeout Plan Updates Provided to DBHR Contract Manager	Closeout Plan Final Updates Provided by DBHR Contract Manager
Closeout Plan in Development	Closeout Plan Approved by DBHR	BHO Vendors and Subcontractors all Properly Notified of Closeout	Data and Active Authorization Information Sent to Health Care Authority (this will occur periodically up through close-out in a template provided by HCA and a timeline provided by HCA)
		Inventory List Completed and Approved by DBHR	BHO Website Updated with Records Request Information for Post Closeout
		Formal Letter to HCA Sent Indicating Termination for Convenience of Contracts	BHO Submits Final Contract Deliverables. ( <i>Note – Some deliverables like final R&amp;E report to be submitted post closeout date</i> )
		BHO Website Updated with Pertinent Information	BHO to inform DBHR Contract Manager of BHO staff who will be contact post closeout and provide updated contact information if needed.
		Records Retention Plan Solidified	
		Final Review and Monitoring Activities Completed with Network	

At least 1 month after closeout date	60 days post closeout	At least 3 months after closeout date	At least 6 months after closeout date	Post financial review
BHO Submits Any Remaining Contract Deliverables. <i>(Note – Some deliverables like final R&amp;E report to be submitted post closeout date)</i>	BHO returns all unobligated fund balances and reserves to HCA.	Remaining BHO staff completing final work on data and financial.	HCA to complete financial closeout review 6 months after closeout.	BHO to return all remaining fund balances and reserve funds to HCA 60 days after completion of the financial closeout review.
HCA financial closeout review scheduled 6 months post closeout				