



SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD
MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, January 17, 2020
TIME: 9:00 AM – 11:00 AM
LOCATION: Jamestown S’Klallam Tribe, Council Chamber
1033 Old Blyn Hwy, Sequim, WA

A G E N D A

[Salish Behavioral Health Administrative Services Organization – Executive Board](#)

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBHO Executive Board Meeting Notes for December 13, 2019 (Attachment 5)
6. Action Items
 - a. Election of SBH-ASO Executive Board Vice-Chairs
7. Informational Items
 - a. SBH-ASO Recruitment of Elected Tribal Official
 - b. BAART Update
 - c. Update on Early Phase of IMC Transition
 - d. HCA Technical Assistance Monitoring
 - e. SBH-ASO Operating Reserves Discussion (Attachment 6.e.1, 6.e.2, 6.e.3, 6.e.4, 6.e.5)
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



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ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD
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Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

January 17, 2020

Action Items

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

The SBH-ASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair, Vice-Chair, a Second Vice-Chair and a Third Vice-Chair by majority vote. Commissioner Ozias has been elected as Chair. Staff respectfully requests that the Executive Board Elect Vice-Chair, Second-Vice Chair and Third-Vice Chair for 2020.

Informational Items

A. SBH-ASO RECRUITMENT OF ELECTED TRIBAL OFFICIAL

Liz Muller of Jamestown S'Klallam Tribe has historically served on the Board for many years. Last year, she stepped down from the seat and Rob Welch was appointed Interim Tribal Representative. Consensus among the Tribes is required to appoint an elected Tribal Official to the BH-ASO Executive Board. Commissioner Ozias drafted a recruitment letter which was sent to the Chair of each Tribal Council within the 3 counties.

B. BAART UPDATE

At last report, the Port Angeles clinic was serving 54 individuals with a similar number on the wait list. BAART reports continued daily walk-ins. They are starting to work with Clallam County Drug Court. The BAART Director reports positive community integration and successful transition of individuals who had been receiving services outside of the region.

The Bremerton clinic has not yet open. They are working with the Washington Board of Pharmacy on final details. This was slowed down by the holidays. They are working to hire a prescriber for Bremerton. The prescriber from Port Angeles will cover Bremerton upon opening. The clinic will be able to open within a week of finalization of the paperwork.

C. UPDATE ON EARLY PHASE OF IMC TRANSITION

- **SBH-ASO Operations**

New Crisis System protocols began on 1/1/20. Full implementation of the new Salish Regional Crisis Line has gone smoothly. Local providers are expressing positive feedback about the new system. Volunteers of America (VOA) received 100 calls on 1/1/20 with 9 dispatches of Designated Crisis Responder Teams. SBH-ASO has also heard feedback regarding challenges experienced by some community partners regarding the new system. SBH-ASO staff are continuing community outreach work to ensure continued success.

A new Utilization Management Program and was initiated in late December. SBH-ASO brought all Utilization Management work internally. On December 18th, SBH-ASO began full operations of its new Utilization Management portal which accepts electronic notification and authorization requests. There have been a few challenges with the new technology which have been quickly addressed. Some providers have expressed concern with the new system, noting it to be labor intensive. Staff will continue incorporate provider feedback as much as possible. However, the limited financial resources necessitate close oversight of all non-mandatory or involuntary treatment services.

- Provider Operations

The HCA has been facilitating “Rapid Response” calls on Mondays, Wednesdays and Fridays for the Salish region. The purpose of these calls is to respond to emerging systemic issues or questions needing immediate attention. Participants generally include: physical health providers, behavioral health providers, MCOs, OCH, BH-ASO and Tribal representatives. Some early challenges reported by Clallam County Providers include: erroneous primary care provider assignments for Medicaid enrollees and lack of MCO rosters being supplied to physical health providers. Kitsap Mental Health has reported challenges obtaining authorization for Crisis Triage/Stabilization services for Medicaid/Medicare or dually eligible clients.

D. HCA TECHNICAL ASSISTANCE MONITORING (TAM)

The first official monitoring activity performed by the HCA for Salish BH-ASO will be “Technical Assistance Monitoring” or TAM. Subsequent HCA monitoring will be in the form of Annual Reviews. HCA conducts its TAM similar to the Readiness Review that Salish just completed in October. Staff is creating a work plan to identify the documents and processes requiring the most attention. The timeline for Salish’s TAM is as follows:

- February 27, 2020- Documents to SBH-ASO from HCA
- March 30, 2020- Documents to HCA from SBH-ASO
- April 28, 2020- HCA on-site monitoring of SBH-ASO

Staff will provide additional details about its TAM work plan.

E. SBH-ASO OPERATING RESERVES DISCUSSION

Salish BH-ASO began operations without reserves. The timeline for correspondence on the issue of SBH-ASO reserve funding is as follows:

- November 7, 2019: Letter to SBHO from HCA
- November 25, 2019: Letter to HCA from SBHO
- December 17, 2019: Letter to SBHO from HCA
- December 20, 2019: Letter to HCA from SBHO
- January 3, 2020: Letter to SBHO from HCA

The message from the HCA remains, “we continue to be constrained by the current budget appropriation and thus do not have the authorizing authority to appropriate operating reserves.”

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

Friday, December 13, 2019

9:00 a.m. - 11:00 a.m.

**Jamestown S'Klallam Tribe, Council Chamber
1033 Old Blyn Hwy, Sequim, WA 98382**

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:04 a.m.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA –

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

APPROVAL of MINUTES –

MOTION: Commissioner Greg Brotherton moved to approve the meeting notes as submitted for the November 1, 2019 meeting. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **APPROVAL OF SBH-ASO ADVISORY BOARD BY-LAWS**

- A draft version of Advisory Board By-Laws is attached for review and approval. The attachment provided includes tracked changes for ease of review.

MOTION: Commissioner Robert Gelder moved to approve the adoption of the SBH-ASO by laws amending section 3.a.2. to indicate 5 members for 1-year terms for a total of 11 members. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

➤ **APPOINTMENT OF SBH-ASO ADVISORY BOARD MEMBERS**

- During the November 1st Joint Executive and Advisory Board Meeting, there was agreement with staff's recommendation to reduce the size of the Advisory Board from seventeen (17) members to eleven (11). The eleven-member board would be comprised of 3 representatives from each county and 2 at-large Tribal representatives. On November 18th, staff sent an email to all active SBHO Advisory Board Members and requested an attestation from members interested in serving on the BH-ASO Advisory Board.
- Staff received attestations of interest from seven (7) Advisory Board Members: Lois Hoell (Kitsap), Jon Stroup (Kitsap), Sandy Goodwick (Clallam), Janet Nickolaus (Clallam), Anne Dean (Jefferson), Jolene Sullivan (at-large Tribal) and Roberta Charles (at-large Tribal).

- Staff recommends the one (1) year appointment of Lois Hoel, Jon Stroup, Sandy Goodwick, Janet Nickolaus, Anne Dean, Jolene Sullivan and Roberta Charles to the SBH-ASO Advisory Board.

➤ **SBH-ASO EXECUTIVE BOARD CHAIR**

- Commissioner Ozias has served as the Chair of BHO Executive Board for the past two years. Commissioner Ozias' second year as Chair will end December 31, 2019. An SBH-ASO Executive Board Chair needs to be established for 2020.

MOTION: Commissioner Greg Brotherton moved to appointment Commissioner Mark Ozias as the SBH-ASO Executive Board Chair. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **SBH-ASO OPERATING RESERVES DISCUSSION**

- On November 7th, HCA notified SBHO that the BHASO would not be provided operating reserves. This was contrary to multiple previous communications dating back to early 2019. On November 25th, SBHO responded to the HCA and copied the region's legislative delegation and contracted provider network. As the of December 5th, HCA has not responded to SBHO's November 25th communication.
- Attachments were reviewed, as well as an additional handout titled SBH-ASO Transitional Operating Reserves and Non-Medicaid Funding. These projections will be updated in 2020.
- As of this meeting a response from the HCA had not been received.
- Discussion of current SBHO reserves that were submitted in the closeout plan in April 2019 and will be returned to HCA mid-2020.
- Discussion of community partnerships and working with local government to request support for the impact of the SBH-ASO starting with no operating reserves in 2020.
- Executive Board members requested to be updated with any changes in the status of a response by the HCA to the SBHO regarding operating reserves.

➤ **2020 SBH-ASO LEGISLATIVE PRIORITIES (ATTACHMENT 7)**

- Attached is a summary of 2020 Legislative Priorities which reflects the collaborative efforts of mid and on-time BHASOs. Brad Banks will share the process involved with identifying these shared priorities as well as further prioritization that has occurred over the past few weeks.
- Noted that this document was created with the other on-time adopters.
- Request to hold off on review and discussion until next Executive Board Meeting in January 2020.

➤ **SBH-ASO STAFFING UPDATE**

- The reduction in staffing from the BHO to BHASO is the equivalent of three (3) full-time staff. Two SBHO staff are being laid off and the vacant Administrative Support position has been eliminated. Martha Crownover has served as the BHO Compliance Officer and Resource Manager since March 2015. Ellie Carrithers has served as the BHO Children's Manager since May 2018. Martha and Ellie's last day with SBHO will be 1/2/20.
- Staff has consolidated required roles and responsibilities into 9 positions:
 - Stephanie Lewis, Administrator
 - Jolene Kron, Deputy Administrator
 - Ilea Nehus, Utilization Manager and Privacy Officer
 - Richelle Jordan, Quality Manager and Compliance Officer
 - Elise Bowditch, Data and Quality Analyst
 - Dani Repp, Information Services Manager
 - Mavis Beach, Fiscal Analyst
 - Sam Agnew, Clinical Care Manager
 - Martiann Lewis, Clinical Care Manager
- Reviewed a new organization chart for the SBH-ASO (handout).
- Reviewed the roles and responsibilities of staff, pointing out the notable change to the Privacy Officer and Compliance Officer roles.
- Continuing in 2020, Dr. Glenn Lippman, will continue as the SBH-ASO Medical Director role.

➤ **CRISIS SYSTEM IMPLEMENTATION UPDATE**

- Salish staff and Volunteers of America (VOA) staff have been out in the community marketing the new toll-free crisis line since November 18th. Staff and VOA are distributing posters and business cards along with face-to-face presentations to community organizations and partners. Attached are copies of that information sheet and flyer.
- Reviewed crisis services media, including posters with tear off tags in both English and Spanish, as well as a 1-page informational document reviewing the upcoming changes.
- Overall, the new Salish Regional Crisis Line has been well received.

➤ **BAART UPDATE**

- BAART opened the Port Angeles OTP clinic on November 25th and began enrolling clients that week. The Bremerton clinic has a scheduled community forum as part of the final steps in competing licensure. Staff do not have a date for the opening at this time.
- Currently BAART Port Angeles is serving 30 individuals with 70 individuals on the waitlist.

- BAART is working towards contracting and coordinating with the regions MCO's.
- Bremerton site is hopeful to open by end of 2019. Currently there are 70 individuals on the waitlist.

PUBLIC COMMENT

- Colleen Bradley, Salish FYSPRT, gave positive feedback regarding the process to change from SBHO to the Salish BH-ASO.

GOOD OF THE ORDER

- The next meeting for the Salish BH-ASO Executive Board is January 17th, 2020 at 9:00 a.m.

ADJOURNMENT – Consensus for adjournment at 10:40 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBHO Admin	Janet Nicholaus, SBHO Advisory Board
Executive Board Members	Jolene Kron, SBHO Deputy Admin	Lois Hoell, SBHO Advisory Board
Commissioner Mark Ozias	Doug Washburn, Kitsap Human Services	Colleen Bradley, Salish FYSPRT
Commissioner Robert Gelder	Martiann Lewis, SBHO Staff	Andy Brastad, Clallam Human Services
Commissioner Greg Brotherton		Joe Roszak, KMHS
Celeste Shoenthaler, Olympic Community of Health		
Robert Welch, Tribal Representative		
Excused		
None.		

NOTE: These meeting notes are not verbatim.



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

November 7, 2019

Brian Cameron
Chief Executive Officer
Great Rivers Behavioral Health Organization
Post Office Box 1447
Chehalis, WA 98532

Mark Freedman
Administrator
Thurston-Mason Behavioral Health Organization
612 Woodland Square Loop SE, Suite 401
Lacey, WA 98503

Stephanie Lewis
Administrator
Salish Behavioral Health Organization
614 Division Street MS-23
Port Orchard, WA 98366

Dear Behavioral Health Administrative Service Organization Partners:

SUBJECT: Reserve Funding Status - Behavioral Health Administrative Service Organization 2020 Regions – Great Rivers, Salish & Thurston-Mason

The purpose of this letter is to advise the Behavioral Health Administrative Service Organizations (BH-ASOs) for Great Rivers, Salish, and Thurston-Mason regions that the Health Care Authority (HCA) does not have budget authority to allocate reserve funding to the 2020 BH-ASOs.

Per the operating budget proviso in Engrossed Substitute House Bill 1109, section 215:

(30) The authority must require all behavioral health organizations transitioning to full integration to either spend down or return all reserves in accordance with contract requirements and federal and state law. Behavioral health organization reserves may not be used to pay for services to be provided beyond the end of a behavioral health organization's contract or for startup costs in full integration regions except as provided in this subsection. The authority must ensure that any increases in expenditures in behavioral health reserve spend-down plans are required for the operation of services during the contract period and do not result in overpayment to providers.

If the nonfederal share of reserves returned during fiscal year 2020 exceeds \$35,000,000, the authority shall use some of the amounts in excess of \$35,000,000 to support the final regions transitioning to full integration of physical and behavioral health care. These amounts must be distributed proportionate to the population of each regional area covered. The maximum amount allowed per region is \$3,175 per 1,000 residents. These

amounts must be used to provide a reserve for non-Medicaid services in the region to stabilize the new crisis services system.

The projected reserves returned to HCA during fiscal year 2020 will be less than \$35,000,000. As such, HCA does not have the authority to fund a reserve balance. While HCA is in support of your funding needs, we are restricted by the enacted budget from doing so. Should HCA have had budgetary authority to fund a reserve balance, the estimated reserve funding would have resulted in approximately \$420,000-\$480,000 per BH-ASO, consistent with the proportionate population formula.

Decision Package Request

HCA submitted a decision package requesting additional funds for Involuntary Treatment Act court costs. In addition, HCA submitted a placeholder request to the Office of Financial Management for additional funding related to voluntary inpatient hospital costs. Pending sufficient data and information obtained from the BHOs and BH-ASOs, HCA will be able to further support and quantify this request. Should the legislature approve the request as submitted, these additional funds would be allocated for fiscal year 2020.

HCA is invested in hearing from each BH-ASO as to the projected challenges this may pose on its organization. HCA will be offering individual check-in calls in the coming days for further discussion.

If you have not responded to HCA's request for additional data and information on voluntary hospital costs, we urge you to do so. This information is critical to our decision package request.

For immediate questions or concerns, please contact Teresa Claycamp, Integrated Managed Care Program Manager, Medicaid Services Administration, by email teresa.claycamp@hca.wa.gov or telephone at 360-725-0862. Thank you.

Sincerely,



MaryAnne Lindeblad, BSN, MPH
Medicaid Director

By email

cc: Rashi Gupta, Senior Policy Advisor, Office of the Governor
Megan Atkinson, Chief Financial Officer, Financial Services Division, HCA
Jason McGill, Assistant Director, MPOI, HCA
Alice Lind, Clinical Nurse Specialist, MPOI, HCA
Teresa Claycamp, Integrated Managed Care Program Manager, MSA, HCA



Serving Clallam, Jefferson
and Kitsap Counties

November 22, 2019

Dear Ms. Lindeblad,

The purpose of this letter is to respond to your November 7th HCA Communication on the subject of "Reserve Funding Status." The letter notifies Salish BHO that "The projected reserves returned to HCA during fiscal year 2020 will be less than \$35,000,000. As such, HCA does not have the authority to fund a reserve balance." ***The operating reserve balance that was expected and is necessary to support the Salish Behavioral Health Administrative Services Organization (SBH-ASO) is \$921,051.***

This untimely notification that the HCA will not fund Reserves for on-time adopters, contrary to every expectation that has been created and around which we have been planning for over a year, will have devastating impacts on behavioral health providers and the citizens within Clallam, Jefferson and Kitsap Counties.

SBH-ASO regional behavioral health providers are already bracing for disrupted Medicaid reimbursement as a result of the IMC Transition based on the experiences of providers in other regions that have made this transition. Even providers in regions such as Southwest, which transitioned in April 2016, are still reporting delayed Medicaid payments from MCOs. To prepare for this change, providers have shifted financial and personnel resources to meet the administrative demands of Managed Care Organizations, thus shifting resources away from the provision of vital treatment services.

If SBH-ASO does not receive operating reserves, then the non-Medicaid revenue stream will also be disrupted and payments will be delayed to providers. Non-Medicaid provider payments are dependent upon revenue from the HCA to the SBH-ASO. The timeline for providers to receive vital funds for operations will be notably lengthened.

This unfortunate reality is only exacerbated by the fact that the availability of behavioral health services for the non-Medicaid or un/underinsured population in the Salish regional service area is already being drastically cut due to the HCA's allocation of 30% GFS funds to the MCOs. This 30% reallocation of GFS to the MCOs results in a \$1.5 million-dollar shortfall for the non-Medicaid behavioral health continuum in the Salish Region. Specifically, funding for both mental health outpatient and mental health residential services will be cut by 80-90% for the non-Medicaid population.

If provider non-Medicaid payments are delayed (in addition to MCO Medicaid delays), providers may have to reduce staffing/personnel which will impact service delivery. The inability to pay and retain qualified staff will only contribute to present workforce shortages and challenges.

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Catharine Robinson
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Russell Hartman
Lois Hoell, RN, MS
Sally O'Callaghan
Jon Stroup

Tribal Representatives

Roberta Charles
Jolene Sullivan

If or when the untimely flow for Medicaid and non-Medicaid funds is resolved, the damage to the service delivery system and our communities may be irreparable in our professional lifetimes. Please let that take a moment to sink in: ***If this issue is not resolved the damage to our behavioral health service delivery system and our communities will likely be irreparable in our professional lifetimes.*** This is not acceptable.

SBHO Leadership has been actively and transparently communicating concerns to the HCA for more than a year. SBHO has worked to be true partners in this transition and invested a great deal of time and resources towards: 1) Supporting providers in preparing for the transition to Integrated Managed Care, 2) Providing MCOs with valuable regional knowledge to reduce their burden and 3) Collaborating with HCA to address region specific challenges such as limited Managed Care penetration in Clallam County.

Despite our best efforts to work as partners with the HCA in this vital transformation, and despite recognizing the very real probability of the challenges we are now in fact facing, we find that our system is in fact being set up for failure rather than for success. Learning about this lack of ability to fund an operating reserve balance in mid-November, only weeks before we are set for transition and after months of repeated assurances from HCA, is not only unreasonable, it is unconscionable.

The SBHO and 3-Counties request that the HCA acknowledge the devastating impact of this shortfall and initiate communication with the legislature to develop an immediate solution. We will be advocating independently with our Legislators, but we cannot stress strongly enough the importance of finding a solution that will allow us to transition on-time with a funded reserve balance, as has been afforded every other region that has transitioned to-date.

Sincerely,



Mark Ozias
Clallam County Commissioner



Robert Gelder
Kitsap County Commissioner



Greg Brotherton
Jefferson County Commissioner

CC: HCA Director Sue Birch
Teresa Claycamp
Amber Leaders
Sen. Christine Rolfes
Sen. Emily Randall
Sen. Kevin Van De Wege
Rep. Steve Tharinger
Rep. Mike Chapman
Rep. Sherry Appleton
Rep. Drew Hansen
Rep. Jesse Young
Rep. Michelle Caldier
SBH-ASO Provider Network



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

December 17, 2019

Mark Ozias
Clallam County Commissioner, District 1
223 East 4th Street, Suite 4
Port Angeles, Washington 98362-3000

Robert Gelder
Kitsap County Commissioner, District 1
614 Division Street, MS-4
Port Orchard, WA 98366

Greg Brotherton
Jefferson County Commissioner, District 3
1820 Jefferson Street
Port Townsend, WA 98368

Dear Commissioners,

**SUBJECT: Reserve Funding - Salish Behavioral Health Administrative Services
Organization**

Thank you for your letter dated November 22, 2019, expressing concerns regarding the operating reserves for the Behavioral Health Administrative Services Organizations (BH-ASOs) in the biennial budget. The Health Care Authority (HCA) regrets that we do not have the budget authority to allocate reserve funding to the 2020 BH-ASOs. However, we understand the BH-ASO's concern regarding cash flow and propose the following:

1. Upon completion of signatures of a fully executed BH-ASO 2020 contract, HCA fiscal/budget team will release the monthly payment on or before January 2, 2020.
2. Upon completion of signatures of a fully executed BH-ASO 2020 contract, HCA fiscal/budget team will release all one-time payments on or before January 2, 2020.
3. In preparation of release of these payments, HCA contracts team reached out via email on 12/4/19 to the 2020 BH-ASOs to ensure systems are configured correctly to receive payment.
4. Historically, HCA payments were provided to BH-ASOs by the 10th of each month. Moving forward, HCA fiscal/budget team will release monthly payments to the 2020 BH-ASOs on or before the 1st of each month in an effort to ensure adequate cash flow.

HCA hopes these expedited payments will relieve part of the concerns regarding immediate and timely cash flow. HCA understands that without the funding of operating reserves, Salish BH-

ASO has concerns regarding permanent damage to the behavioral health service delivery system and is strongly advocating that the legislature funds operating reserves for the 2020 ASOs.

As a state agency, HCA is limited by budget appropriation. The operating budget proviso in Engrossed Substitute House Bill 1109, section 215 (30) does not provide HCA with the authority to fund a reserve balance. HCA would welcome dialogue to further discuss options to fund operating reserves for the 2020 ASO regions.

Please know that HCA recognizes and appreciates SBH-ASO as a strong partner. HCA is committed to providing ongoing technical assistance, support and partnership, in ensuring your success. Please contact Teresa Claycamp at teresa.claycamp@hca.wa.gov or 360-725-0862 with ongoing questions or concerns.

Sincerely,



MaryAnne Lindeblad, BSN, MPH
Medicaid Director

By email

cc: Senator Christine Rolfes, Washington State Senate
Senator Emily Randall, Washington State Senate
Senator Kevin Van De Wege, Washington State Senate
Representative Steve Tharinger, Washington State House of Representatives
Representative Mike Chapman, Washington State House of Representatives
Representative Sherry Appleton, Washington State House of Representatives
Representative Drew Hansen, Washington State House of Representatives
Representative Jesse Young, Washington State House of Representatives
Representative Michelle Caldier, Washington State House of Representatives
Amber Leaders, Senior Policy Advisor, BHI, Office of the Governor
Sue Birch, Director, HCA
Megan Atkinson, Chief Financial Officer, FS HCA
Jason McGill, Assistant Director, MPOI, HCA
Alice Lind, Clinical Nurse Specialist, MPOI, HCA
Teresa Claycamp, Integrated Managed Care Program Manager, MSA, HCA
Stephanie Lewis, Administrator, Salish Behavioral Health Organization



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Lois Hoell, RN, MS
Sally O'Callaghan
Jon Stroup

Tribal Representatives

Roberta Charles
Jolene Sullivan

December 20, 2019

Washington State Health Care Authority
MaryAnne Lindeblad - State Medicaid Director
Cherry Street Plaza
626 8th Avenue SE
Olympia, WA 98501

Dear Director Lindeblad,

Thank you for your letter dated December 17th, 2019, acknowledging the jeopardy the Salish communities have been placed in if the Salish BHASO is not afforded Operating Reserves. Salish BHASO appreciates the initial solutions introduced by HCA and will certainly be a good best practice in ensuring timely future payments. However, these initial solutions do not fully address the critical need to start the year with Operating Reserves and the risk to behavioral health providers and vulnerable citizens within the Salish community.

The BHASO has a contracted provider network that provides 24/7 Crisis Services. This network depends upon funding from the BHASO to staff these 24/7 operations. The BHASO is also required to pay for ITA Psychiatric Inpatient for non-Medicaid individuals and all ITA Court costs regardless of client's funding. The HCA's contract with Salish BHASO allows for small monthly payments to the BHASO. But, in any given month, the BHASO's expenses will fluctuate based upon Psychiatric Inpatient Costs, ITA Court Costs and other Crisis Service Utilization.

An additional challenge are terms with HCA's BHASO contract. One example includes the following contract term:

2.32.1 The Contractor understands and agrees that it is required to make some advance payments under this Contract prior to reimbursement from the state, and that the amount of such payments may vary on a month to month basis.

Twenty-five percent (25%) of the funds attached to Salish BHASO's contract are released after the BHASO pays its provider network for services. If the Salish BHASO is not afforded Operating Reserves, it will have to further restrict vital services within at least the first quarter of 2020 to the minimum contract required as there would not be sufficient capital to pay providers in advance of receiving payment from the HCA.

Operating reserves have been afforded to every other region that has transitioned to date to address this very untenable predicament. We request that the HCA continue to advocate to the Governor's office and work with legislative leaders and staff on a solution to fund a Salish BHASO Operating Reserve balance and seek approval to release those funds prior to January 1, 2020.

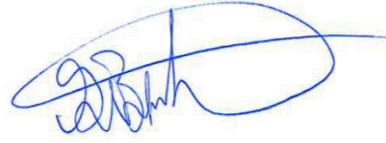
Sincerely,



Mark Ozias
Clallam County Commissioner



Robert Gelder
Kitsap County Commissioner



Greg Brotherton
Jefferson County Commissioner

CC: HCA Director Sue Birch
Teresa Claycamp
Amber Leaders
Sen. Christine Rolfes
Sen. Emily Randall
Sen. Kevin Van De Wege
Rep. Steve Tharinger
Rep. Mike Chapman
Rep. Sherry Appleton
Rep. Drew Hansen
Rep. Jesse Young
Rep. Michelle Caldier
SBH-ASO Provider Network



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

January 3, 2020

Mark Ozias
Clallam County Commissioner
District 1
223 East 4th Street, Suite 4
Port Angeles, WA 98362-3000

Robert Gelder
Kitsap County Commissioner
District 1
614 Division Street, MS-4
Port Orchard, WA 98366

Greg Brotherton
Jefferson County Commissioner
District 3
1820 Jefferson Street
Port Townsend, WA 98368

Dear Commissioners:

SUBJECT: Salish Behavioral Health Administrative Services Organization Reserve Funding

Thank you for your letter of December 20, 2019, outlining the critical need for Salish Behavioral Health Administrative Services Organization (BH-ASO) to be afforded operating reserves. The Health Care Authority (HCA) both acknowledges and validates Salish BH-ASO's grave concerns regarding the lack of operating reserves and the impact this has. As promised, HCA released payments to the BH-ASOs on January 2, 2020 in an effort to proactively ensure cash flow. However, we continue to be constrained by the current budget appropriation and thus do not have the authorizing authority to appropriate operating reserves. HCA leadership has relayed your concerns to the Governor's Office via the Office of Financial Management. We sincerely regret that there is not more we are able to do.

HCA appreciates SBH-ASO's strong partnership and is committed to providing ongoing technical assistance, support, and partnership in ensuring your success. Please contact Teresa Claycamp, Project Manager, Managed Care Integration by telephone at 360-725-0862 or via email at teresa.claycamp@hca.wa.gov with ongoing questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'MaryAnne Lindeblad'.

MaryAnne Lindeblad, BSN, MPH
Medicaid Director
Medicaid Services Administration

January 3, 2019

Page 2

By email

cc: Senator Christine Rolfes, Washington State Senate
Senator Emily Randall, Washington State Senate
Senator Kevin Van De Wege, Washington State Senate
Representative Sherry Appleton, House of Representatives
Representative Michelle Caldier, House of Representatives
Representative Mike Chapman, House of Representatives
Representative Drew Hansen, House of Representatives
Representative Steve Tharinger, House of Representatives
Representative Jesse Young, House of Representatives
Sue Birch, Director, HCA
Amber Leaders, Senior Policy Advisor, Office of the Governor
Devon Nichols, Budget Assistant, OFM
Megan Atkinson, Chief Financial Officer, FSD, HCA
Jason McGill, Assistant Director, MPOI, HCA
Alice Lind, Clinical Nurse Specialist, MPOI, HCA
Teresa Claycamp, Integrated Managed Care Program Manager, MSA, HCA
Stephanie Lewis, Administrator, SBH-ASO



Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION EXECUTIVE BOARD MEETING

DATE: Friday, May 22, 2020

TIME: 9:00 AM – 11:00 AM

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

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting: <https://zoom.us/j/94803599188>

Meeting ID: 948 0359 9188

USE PHONE NUMBER and MEETING ID BELOW TO JOIN BY PHONE: Dial by
your location: 1-253-215-8782

Meeting ID: 948 0359 9188

A G E N D A

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Notes for January 17, 2020 (Attachment 5) **pg.7**
6. Action Items
 - a. Appointment of Tribal Official to SBH-ASO Executive Board
 - b. SBH-ASO Policies and Procedures for Approval (Attachment 6.b) **pg. 12**
 - c. Non-Medicaid July 1 – December 31 Budget Update (Attachments 6.c.1, 6.c.2) **pg. 149**
7. Informational Items
 - a. Salish Provider Network Update (Attachment 7.a) **pg. 151**
 - b. Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19 (Attachment 7.b) **pg. 152**
 - c. Emergency Amendment of WACs 182-538-060 & 182-538-067 (Attachment 7.c) **pg.157**
 - d. HCA Technical Assistance Monitoring (TAM)
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION EXECUTIVE BOARD MEETING

May 22, 2020

Action Items

A. APPOINTMENT OF TRIBAL OFFICIAL TO EXECUTIVE BOARD

Liz Muller of Jamestown S'Klallam Tribe had historically served on the Board for many years. Last year, she stepped down from the seat and Rob Welch was appointed Interim Tribal Representative. Consensus among the Tribes is required to appoint an elected Tribal Official to the BH-ASO Executive Board. Commissioner Ozias drafted a recruitment letter which was sent to the Chair of each Tribal Council within the 3 counties. Jamestown S'Klallam Tribal Council has nominated Councilwoman Theresa Lehman to serve on the SBH-ASO Executive Board.

B. POLICIES AND PROCEDURES FOR APPROVAL

The Executive Board approved the SBH-ASO's Policy and Procedure Manual on November 1, 2019. The initial Policy and Procedure manual was based upon the "model BH-ASO" contract dated July 1, 2019. Salish received its January 2020 contract from HCA in December. Changes in HCA contract requirements necessitated Policy and Procedure updates. Staff prioritized the updating of policies that would likely be requested during Salish's first HCA audit. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

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

- AD101 – Policy Development and Review
- AD102 – Provider Network Selection, Retention, Management, and Monitoring
- AD103 – Administrative Contract Compliance Monitoring
- CL200 – Integrated Crisis System
- CP301 – Compliance and Program Integrity
- CP302 – Critical Incidents
- CO303 – Fraud, Waste and Abuse Compliance Reporting Standards
- CA401 – Translation and Interpretation Services
- FI502 – Third Party Liability and Coordination of Benefits
- QM701- Quality Management Plan
- UM802 – Notice Requirements
- UM803 – Authorization for Payment of Psychiatric Inpatient Services
- UM805 – Crisis Stabilization Services
- UM806 – Utilization Management of Outpatient Services

- UM807 – State Only Funded Program for Assertive Community Treatment (PACT)
- PS901 – Definitions for Policies Governing Protected Health Information
- PS902 – Confidentiality Use and Disclosure of Protected Health Information
- PS902a – SBH-ASO Notice of Privacy Practices
- PS902b – Confidentiality and Security Agreement
- PS902c – SBH-ASO Release of Information
- PS903 – Privacy Admin Requirements for Implementation and Maintenance of HIPAA and 42 CFR part 2
- PS903a Privacy and Security Policies Maintenance Plan
- PS905 – Designated Record Set

C. NON-MEDICAID JULY 1 – DECEMBER 31 BUDGET UPDATE

Staff developed a preliminary annual BH-ASO budget which was approved by the Board on November 1, 2019. This budget was based on historical trends and educated forecasting of what the service needs and utilization would be in 2020.

Staff has compiled and analyzed utilization data for the first quarter of 2020. Staff will present preliminary reports on budgeted versus actual utilization of treatment services. Staff will present an amended budget for the Board's approval for the time period of July 1 – December 31. Early utilization trends and updated HCA funding necessitates this budget update.

The following facts continue to inform the budgeting process: contract mandated services must be fully funded first (Crisis and Involuntary Treatment Services), restricted proviso funds must be used accordingly, BH-ASO Administration and Direct Support withholdings (operating budget) must be funded by State Funds (not Block Grant).

Staff will review attachments and provide additional context surrounding suggested budget changes.

Informational Items

A. SALISH PROVIDER NETWORK UPDATE

The Salish Provider Network continues to be engaged and working diligently to provide services in this uncertain landscape. Some providers closed doors and suspended services in mid-March. Providers were faced with challenges related to the access of Personal Protective Equipment, strategizing how to serve individuals while not putting staff at risk, navigating privacy issues, among other issues. Each agency had to develop safety protocols for their respective agencies. This led to varied service access through the end of March. Salish BH-ASO developed and maintained the attached grid to track the changes for providers and the community.

SBH-ASO Crisis Teams have remained staffed. Statewide there has been a decrease in crisis contacts and ITA investigations. Washington State has allowed video involuntary treatment investigations as part of the COVID-19 response. Our region is prepared and has the ability to follow this protocol as needed. We have not yet had a video ITA evaluation in region. There has been no increase in calls to the Salish Regional Crisis Line at this time. Providers are starting to see an increase in tenor/ tone on crisis contacts. Staff will continue to monitor and provide support as needed.

Washington Health Care Authority waivers were put in place to allow for continuity in services to include the use of telehealth/telemedicine services in lieu of face to face contact and direction on billing/coding. The U.S Department of Health and Human Services (HHS) released "Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency" which addressed HIPPA Privacy Restrictions that limited the type of technologies that could be used to deliver treatment services.

In mid-March, HCA began facilitating a weekly call for all providers to address areas of concern and answer direct questions related to COVID-19. In May, this call has reduced to every other week. Numerous guidance documents and FAQs have been provided by HCA for Providers. HCA also offered ZOOM platform accounts to providers to facilitate telehealth access. SBH-ASO Providers have been actively engaged in these conversations and processes.

All agencies in the Salish BH-ASO region are currently providing services through telehealth in combination with some face to face, outreach, etc. This started with phone calls to check in and manage individual needs. Many agencies are now providing their full array services through electronic platforms. This includes individual and group treatment, assessments, and case management. There are still significant limits on urinalysis, day treatment, and outreach services.

B. STATEWIDE HIGH-LEVEL ANALYSIS OF FORECASTED BEHAVIORAL HEALTH IMPACTS FROM COVID-19

State and Federal Health Officials are forecasting notable behavioral health impacts from the COVID-19 outbreak, as well as related government actions. Attached is a high-level summary released by the Washington State Department of Health in April. Salish Medical Director, Dr. Glenn Lippman, will present to the Board and further expand upon this high-level summary of forecasted physical and behavioral health impacts from the outbreak.

C. EMERGENCY AMENDMENT OF WACS 182-538-060 AND 182-538-067

On April 17th, during an HCA/MCO/ASO call, the HCA shared an Emergency Ruling that amends WACs 182-538-060 and 182-538-067. HCA Assistant Medicaid Director, Jason McGill, reported that this emergency ruling was driven by several factors. The HCA is anticipating a notable increase in the number of Washingtonians that will become Medicaid eligible due to unemployment. Additionally, the HCA is focusing additional attention on ensuring timely access to physical and behavioral health care for Medicaid enrollees, as well as monitoring MCO performance which has been an increasing concern.

As a result of this Emergency Ruling, the HCA has released an RFP for Managed Care Organizations that will allow for the entrance of additional MCOs into regions that don't already have all 5 IMC MCOs. The RFP was released in late April and responses from MCOs are due by July 1, 2020. If successful, the MCOs, Coordinated Care and/or Community Health Plan of Washington (CHPW), could be granted an Apple Health Medicaid Contract for the Salish Region effective 1/1/21. This would require the SBH-ASO to negotiate additional MCO contracts and will increase the administrative complexity and burden. Additionally, if local providers intend to continue to serve all Managed Care Medicaid enrollees, they too would need to contract with the added Managed Care Plans.

D. HCA TECHNICAL ASSISTANCE MONITORING (TAM)

The first official monitoring activity performed by the HCA for Salish BH-ASO will be “Technical Assistance Monitoring” or TAM. Subsequent HCA monitoring will be in the form of Annual Reviews. HCA conducts its TAM similar to the Readiness Review that Salish just completed in October. Staff is created a work plan to identify the documents and processes requiring the most attention. The timeline for Salish’s TAM was as follows:

- February 27, 2020- Documents to SBH-ASO from HCA
- March 30, 2020- Documents to HCA from SBH-ASO
- April 28, 2020- HCA on-site monitoring of SBH-ASO

On March 11th, staff reached out to the HCA to express concerns regarding conflicting demands of preparing for the TAM versus providing support to the local community in response to the pandemic. Staff requested that the HCA consider postponing the TAM to allow staff to refocus its time on supporting local providers and the broader community. The HCA responded later that same day and announced the temporary suspension of TAMs for all on-time ASOs. The HCA also noted that, they intended to resume TAM activities at a later date.

On April 24th, HCA informed Salish that activities for the TAM would resume. Staff expressed concern regarding HCA’s timing with resuming its monitoring activities and it seemingly contradicted with multiple requests from HCA Leadership for ASOs to wholeheartedly support their local behavioral health system.

Regardless, the TAM continues. Salish will be submitting requested documentation on May 18th and participating in on-site monitoring on June 30th.

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

Friday, January 17, 2020

9:00 a.m. - 11:00 a.m.

**Jamestown S’Klallam Tribe, Council Chamber
1033 Old Blyn Hwy, Sequim, WA 98382**

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

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS – None.
Request to review reserves budget (Lois).

APPROVAL of AGENDA – Commissioner Mark Ozias

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

APPROVAL of MINUTES –

MOTION: Commissioner Robert Gelder moved to approve the meeting notes as submitted for the December 13, 2019 meeting. Commissioner -Greg Brotherton seconded the motion. Motion carried unanimously.

ACTION ITEMS

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

The SBH-ASO Interlocal Agreement dictates that, annually, the Board shall elect a Chair, Vice-Chair, a Second Vice-Chair and a Third Vice-Chair by majority vote. Commissioner Ozias has been elected as Chair. Staff respectfully requests that the Executive Board Elect Vice-Chair, Second-Vice Chair and Third-Vice Chair for 2020.

- Election of SBH-ASO Executive Board Vice Chair.

MOTION: Commissioner Robert Gelder moved to approve Commissioner Greg Brotherton as the elected SBH-ASO Executive Board Vice-Chair. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

- Election of SBH-ASO Executive Board Second (2nd) Vice Chair.

MOTION: Commissioner Greg Brotherton moved to approve Commission Robert Gelder as the elected SBH-ASO Executive Board Second Vice-Chair. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

- Election of SBH-ASO Executive Board Third (3rd) Vice Chair.

MOTION: Commissioner Greg Brotherton moved to approve Robert Welch as the elected SBH-ASO Executive Board Third Vice-Chair. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

Informational Items

➤ **SBH-ASO RECRUITMENT OF ELECTED TRIBAL OFFICIAL**

- Liz Muller of Jamestown S’Klallam Tribe has historically served on the Board for many years. Last year, she stepped down from the seat and Rob Welch was appointed Interim Tribal Representative. Consensus among the Tribes is required to appoint an elected Tribal Official to the BH-ASO Executive Board. Commissioner Ozias drafted a recruitment letter which was sent to the Chair of each Tribal Council within the 3 counties.
- SBH-ASO Executive Board continues to recruit. All attendees were encouraged to assist in promoting the open Tribal representative elected position.

➤ **BAART UPDATE**

- At last report, the Port Angeles clinic was serving 54 individuals with a similar number on the wait list. BAART reports continued daily walk-ins. They are starting to work with Clallam County Drug Court. The BAART Director reports positive community integration and successful transition of individuals who had been receiving services outside of the region.
- The Bremerton clinic has not yet open. They are working with the Washington Board of Pharmacy on final details. This was slowed down by the holidays. They are working to hire a prescriber for Bremerton. The prescriber from Port Angeles will cover Bremerton upon opening. The clinic will be able to open within a week of finalization of the paperwork.
- BAART Port Angeles clinic has a maximum capacity of 300 with room for expansion in the current building.
- BAART Bremerton clinic has 100 people on their waitlist currently.

➤ **UPDATE ON EARLY PHASE OF IMC TRANSITION**

- SBH-ASO Operations
 - New Crisis System protocols began on 1/1/20. Full implementation of the new Salish Regional Crisis Line has gone smoothly. Local providers are expressing positive feedback about the new system. Volunteers of America (VOA) received 100 calls on 1/1/20 with 9 dispatches of Designated Crisis Responder Teams. SBH-ASO has also heard feedback regarding challenges experienced by some community partners regarding the new system. SBH-ASO staff are continuing community outreach work to ensure continued success.
 - Daily completion and submission of a crisis logs are a new MCO contract requirement. The crisis log is composed of individuals that have utilized the crisis service system, e.g. dispatch, ITA investigations.

- The crisis logs are completed by our MH crisis providers and VOA, then sent to the SBH-ASO. The SBH-ASO reviews for completeness and sorts by assignment to MCO. The crisis logs are submitted individually to each MCO.
- SBH-ASO has been providing support to the MH crisis providers and VOA as it is a labor-intensive process. Taking roughly 2 hours of SBH-ASO staff to complete.
- Crisis logs were created in April 2016. MCO's voice that they are receiving more information than they are able to follow up.
- SBH-ASO and other state ASO's, with the exception of Beacon, are advocating to streamline this requirement.
- Reviewed the Salish Regional Crisis Line has no abandoned calls.
 - A new Utilization Management Program and was initiated in late December. SBH-ASO brought all Utilization Management work internally. On December 18th, SBH-ASO began full operations of its new Utilization Management portal which accepts electronic notification and authorization requests. There have been a few challenges with the new technology which have been quickly addressed. Some providers have expressed concern with the new system, noting it to be labor intensive. Staff will continue incorporate provider feedback as much as possible. However, the limited financial resources necessitate close oversight of all non-mandatory or involuntary treatment services.
 - In partnership with Salish BH-ASO providers, we provided a webinar on January 14, 2020 to help providers navigate the online UM system.
- Provider Operations

The HCA has been facilitating "Rapid Response" calls on Mondays, Wednesdays and Fridays for the Salish region. The purpose of these calls is to respond to emerging systemic issues or questions needing immediate attention. Participants generally include: physical health providers, behavioral health providers, MCOs, OCH, BH-ASO and Tribal representatives. Some early challenges reported by Clallam County Providers include: erroneous primary care provider assignments for Medicaid enrollees and lack of MCO rosters being supplied to physical health providers. Kitsap Mental Health has reported challenges obtaining authorization for Crisis Triage/Stabilization services for Medicaid/Medicare or dually eligible clients.

Reviewed the various meetings and workgroups developed over the last year, including the Interlocal Leadership Structure (ILS), Provider Readiness calls, Early Warning System work groups, and Communication Strategy workgroups.

Reviewed that the OCH no longer will be the lead of the Rapid Response calls starting February. Concerns discussing local control will be affected as the focus will be more on the emergent versus the systems view.

Discussed using ILS as a place to discuss some of these issues ongoing. Stephanie will follow up regarding the participants and providers within the ILS and see if there is any energy for new goals.

➤ **HCA TECHNICAL ASSISTANCE MONITORING (TAM)**

- The first official monitoring activity performed by the HCA for Salish BH-ASO will be “Technical Assistance Monitoring” or TAM. Subsequent HCA monitoring will be in the form of Annual Reviews. HCA conducts its TAM similar to the Readiness Review that Salish just completed in October. Staff is creating a work plan to identify the documents and processes requiring the most attention. The timeline for Salish’s TAM is as follows:
 - February 27, 2020- Documents to SBH-ASO from HCA
 - March 30, 2020- Documents to HCA from SBH-ASO
 - April 28, 2020- HCA on-site monitoring of SBH-ASO
- Staff will provide additional details about its TAM work plan.

➤ **SBH-ASO OPERATING RESERVES DISCUSSION**

- Salish BH-ASO began operations without reserves. The timeline for correspondence on the issue of SBH-ASO reserve funding is as follows:
 - November 7, 2019: Letter to SBHO from HCA
 - November 25, 2019: Letter to HCA from SBHO
 - December 17, 2019: Letter to SBHO from HCA
 - December 20, 2019: Letter to HCA from SBHO
 - January 3, 2020: Letter to SBHO from HCA
- The message from the HCA remains, “we continue to be constrained by the current budget appropriation and thus do not have the authorizing authority to appropriate operating reserves.”
- Brad thanked the SBH-ASO Executive Board for their quick response to support the SBH-ASO. He reported that other on-time regions also reported their concerns and issues with HCA to the legislature.
- Discussed HCA assured SBH-ASO of a lump sum to be made on January 2, 2020, however, it was not received until January 6, 2020.
- Discussed request of HCA for lump sums quarterly and/or bi-annually.
- SBH-ASO staff have prepared contingencies for worst case scenario. SBH-ASO has created two types of for invoices for mandatory services, e.g. crisis service system.
- The SBH-ASO Executive Board requested to be kept in the loop regarding payments and any other communications.
- The SBH-ASO Executive board requested the SBH-ASO advisory board to provide assistance in the revenue discussion. Specifically update the SBH-ASO advisory board on the reserve issue, review financing, and capture the impact from HCA February billing on community providers and members.
- The SBH-ASO Executive Board discussed the role of the OCH Board in this discussion. It was offered to discuss at the March 2020 next OCH meeting to gather feedback on this issue.

- Provided MCO Revenue Update and provided payment schedule for MCO's.
 - Reviewed new electrotonic funds process with MCO's to receive payments.
 - Monthly eligibility files are provided and there are no issues noted.
 - Molina Healthcare (MCO) had 51-52% of the eligibility for our region.
- Data System Update between NSBH-ASO and SBH-ASO is that we are on track to be fully functional.

PUBLIC COMMENT

- Colleen Bradley, Salish FYSPRT, gave positive feedback regarding the process to change from SBHO to the Salish BH-ASO.
- Wendy Sisk, PBH, reports hardships due to Integrated Managed Care.

GOOD OF THE ORDER

- The next meeting for the Salish BH-ASO Executive Board is March 20th, 2020 at 9:00 a.m.

ADJOURNMENT – Consensus for adjournment at 10:50 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Richelle Jordan, SBH-ASO Staff
Executive Board Members	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Lois Hoell, SBHO Advisory Board
Commissioner Mark Ozias	Doug Washburn, Kitsap Human Services	Joe Roszak, KMHS
Commissioner Robert Gelder	Martiann Lewis, SBH-ASO Staff	Lori Fleming, Jeff Co. CHIP
Commissioner Greg Brotherton		Wendy Sisk, PBH (<i>Did not Sign In</i>)
Celeste Shoenthaler, Olympic Community of Health		
Robert Welch, Interim Tribal Representative		
Excused		
None.		

NOTE: These meeting notes are not verbatim.

**Salish BH-ASO
Policy and Procedures**



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

Reviewed Date: 4/16/2019

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

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.



SALISH BH-ASO POLICIES AND PROCEDURES

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

Policy Number: AD102

Effective Date: 1/01/2020

Revision Dates: 2/19/2020

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

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

PURPOSE

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

POLICY

SBH-ASO develops, maintains, manages, and monitors an appropriate and adequate provider network, supported by written agreements, sufficient to provide all contracted services under HCA and MCO contracts and to ensure that individuals served get timely care. Only licensed or certified Behavioral Health Providers shall provide behavioral health services. Licensed or certified Behavioral Health Providers include, but are not limited to: Health Care Professionals, licensed agencies or clinics, or professionals operating under an agency affiliated license.

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 negotiations 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 Washington State or a Federal department or agency.
3. SBH-ASO only utilizes providers who have signed contracts or single case agreements with SBH-ASO.

4. 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, the SBH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties.
5. If the 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.
6. The SBH-ASO will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
7. SBH-ASO selects and retains providers based on their ability to meet the clinical and service needs, as well as the service area needed 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 management 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
8. SBH-ASO shall have a crisis network with enough capacity to serve the regional service area (RSA) to include, at a minimum, the following:
 - a. Designated Crisis Responder (DCR)
 - b. Evaluation and Treatment (E&T) capacity to service the RSA's non-Medicaid population
 - c. Psychiatric and SUD involuntary inpatient beds to serve the RSA's non-Medicaid population
 - d. Staff to provide mobile crisis outreach in the RSA
9. SBH-ASO shall have a non-crisis behavioral health network with enough capacity to serve the RSA's non-Medicaid population, within available resources.
10. Within available resources, the 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 practice medication-assisted opioid addiction therapy.

Network Management

1. SBH-ASO and provider network 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 communications with contractors. Issues for the agenda may include, but are not limited to contract requirements, program changes, Best Practice updates, quality of care, quality improvement activities,

- performance indicators, and updates to state and federal regulations and requirements.
- b. SBH-ASO will provide 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 provider performance. SBH-ASO collaborates with the 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 that providers offer hours of operation for individuals that are no less than the hours of operation offered to any other client.

Network Evaluation and Monitoring

- 2. Provider network evaluation and monitoring is completed at minimum annually by:
 - a. Conducting concurrent and retrospective reviews, annual monitoring reviews, and other on-going monitoring activities to ensure the quality of care.
 - b. Determining contract renewals based on compliance with contract requirements, submission of encounter data, utilization data, critical incident reports, corrective actions, financial audits, handling of grievances, and continuous quality improvement.
 - c. Retaining and exercising the right to terminate a contract if the network provider has violated any law, regulation, rule, or ordinance applicable to services provided under the 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 provider termination, a notification shall occur, and the following will commence:
 - 1. If a subcontract is terminated or a site closure occurs in less than 90 days, SBH-ASO shall notify the HCA as soon as possible.
 - 2. If a subcontract is terminated or site closes unexpectedly, the SBH-ASO shall submit a plan within seven (7) days to the HCA that includes:
 - a. Notification to Ombuds services and individuals served at said site;
 - b. Provision of uninterrupted services; and
 - c. Any information released to the media.
 - d. Performing reviews per contract requirements for all its contracted providers. By contract, the providers agree to cooperate with SBH-ASO in the evaluation of the provider's performance, and to make available all information reasonably required by any such evaluation process. The provider 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.

- e. Performing reviews of network providers, conducted by SBH-ASO, including checks for evidence of compliance with the provisions of this policy. When a need for corrective action is identified during such reviews, network providers will address areas of non-compliance via their quality improvement processes and will provide evidence of sustained improvement. SBH-ASO staff will review findings for trends requiring system level intervention and report such findings to the SBH-ASO Executive Board for action.

Corrective Action

1. SBH-ASO shall evaluate the delegate/provider's performance prior to imposing a corrective action.
2. SBH-ASO shall monitor activity on a consistent basis.
3. SBH-ASO shall evaluate data quarterly and/or when necessary.
4. SBH-ASO shall determine if a trend is emerging and whether the delegate/provider is failing to meet contract requirements for performance, utilization and management of administrative and/or clinical services.
 - a. Based on this determination, corrective action may be initiated, unless otherwise agreed.
5. SBH-ASO shall allow delegate/provider 30 days from receipt of corrective action letter to submit a corrective action plan.
6. The delegate/provider shall have 60 days for implementation of the accepted plan, with the exceptions of any situations that pose a threat to the health or safety of any person, that pose a threat of property damage, and/or an incident has occurred that resulted in injury or death to any person and/or damage to property, for which immediate action shall be required.
7. SBH-ASO shall provide general contract language in corrective action procedures in all contracts with the delegates/providers within the Salish BH-ASO region.
8. SBH-ASO will maintain an internal process for reporting and tracking corrective actions issued by SBH-ASO and corrective actions provided by the delegate/provider.
9. Failure to meet measurements of corrective actions may result in termination of the contract.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ADMINISTRATIVE CONTRACT
COMPLIANCE MONITORING

Policy Number: AD103

Effective Date: 1/1/2020

Revision Dates: 3/5/2020

Reviewed Date: 10/08/2019

Executive Board Approval Dates: 05/17/2019; 11/1/2019

PURPOSE

To establish standards for network monitoring that comply with administrative, fiscal, credentialing, and quality assurance requirements.

POLICY

All subcontractors providing services on behalf of SBH-ASO will be monitored for compliance with, at a minimum: 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

1. At least annually, SBH-ASO conducts on-going monitoring and periodic formal reviews of its subcontractors to assess compliance with Federal, State, and local laws as well as contractual requirements.
2. SBH-ASO conducts a review of all subcontractors which includes at least one onsite visit every two years to each subcontractor site that receives federal block grant or state funds. Reviews shall ensure that the subcontractor has complied with program compliance requirements within contract.
 - a. The SBH-ASO ensures that subcontractors who receive at least \$750,000 of federal block grant funds from any and/or all sources in any state fiscal year, shall receive an independent audit. Such subcontractors must provide the data collection form and reporting package as determined in 2 CFR Part 200, Subpart F. The SBH-ASO will retain documentation of the monitoring activities and provide the documentation to HCA upon request.

- b. The SBH-ASO conducts or arranges for an annual fiscal review of each subcontractor who receives federal block grant funds and shall provide HCA with documentation of the annual fiscal reviews when requested. The annual fiscal review shall include:
 - i. Expenditures are accounted for by revenue source.
 - ii. No expenditures were made for items identified in the Payment and Sanctions section of the contract.
 - iii. Expenditures are made only for the purposes stated in the contract and for services that were actually provided.
3. In the event that fraud, abuse and/or non-compliance with fiscal requirements are suspected, an immediate review is required in accordance with HCA BH-ASO contract.
4. All SBH-ASO representatives conducting onsite reviews agree to keep confidential any PHI which may be reviewed during review/site visits. SBH-ASO reviews treatment records in accordance with state and federal law. Substance use disorder (SUD) records are reviewed in accordance with 42 CFR §2.53. Reviewers do not copy or remove any treatment records during a review.

ON-SITE MONITORING COMPONENTS

The individual components of the On-site Review consist of, but are not limited to, the following (as applicable):

1. Documentation and appropriateness of medical necessity determinations.
2. Patient record reviews to ensure services are appropriate based on diagnosis, and the treatment plan is based on the patient's needs and progress notes support the use of each service.
3. Timeliness of service.
4. Cultural, ethnic, linguistic, disability or age-related needs are addressed.
5. Coordination with other service providers.
6. Adherence to relevant practice guidelines.
7. Processes for reporting, tracking and resolving grievances.
8. Compliance with reporting and managing critical incidents.
9. Information security.
10. Disaster recovery plans.
11. Fiscal management, including documenting cost allocations, revenues and expenditures in order to ensure that funds under the SBH-ASO Contract are being spent.
12. Quality Assurance and Improvement activities
13. Personnel Policies and Personnel Records, in order to ensure appropriate credentialing processes
14. Compliance Program, including Fraud, Waste and Abuse Program
15. Oversight of any issues noted during licensing and/or certification reviews conducted by DOH and communicated to SBH-ASO.

ON-SITE MONITORING PROCESS

An on-site review shall be accomplished by following the steps outlined below:

1. Thirty (30) days prior to the scheduled on-site visit, SBH-ASO shall send the following to the subcontractor:
 - a. SBH-ASO Monitoring Tool;
 - b. On-site Schedule and Agenda.

2. On the first scheduled day of the site visit, the SBH-ASO representative shall conduct an entrance interview with the subcontractor's director and their designee(s). The entrance interview consists of the following:
 - a. Introductions – Identify for subcontractor which SBH-ASO Review Team Member will be reviewing each on-site component;
 - b. Sign Confidentiality Statements (when applicable);
 - c. SBH-ASO re-states purpose of on-site review;
 - d. Review on-site schedule;
 - e. Give subcontractor staff an opportunity to present a description and status of the various programs they provide through SBH-ASO contract(s); and
 - f. Tour of subcontractor facility.

3. The SBH-ASO Review Team shall conduct an exit interview with subcontractor's director and their designated staff. At the exit interview, the following will be presented and discussed:
 - a. Areas of excellence;
 - b. Areas of strength;
 - c. Recommendations;
 - d. Corrective action (findings); and
 - e. Follow up steps and timelines

4. Once the On-site review is completed, a written On-Site Review Report will be prepared.
 - a. The SBH-ASO is responsible for finalizing the On-site Review Report.
 - b. The completed report shall be submitted to the Executive Director/CEO of the contracted agency within 45 days of the exit review date.
 - c. The report consists of five (5) sections:
 - i. Scope of review;
 - ii. Summary of review;
 - iii. Recommendations and Findings,
 - iv. Request for Remedial Action, and
 - v. Corrective Action Plan (CAP) request and timeline.

5. The agency will have 30 days to respond in writing to all findings and recommendations for remedial action.
6. The SBH-ASO Review Team will review the subcontractor's CAP to the findings and provide a written response to the contract agency of those areas of correction that are acceptable and those areas that are unacceptable within 45 days of receipt.
7. When an agency's CAP response includes elements that do not meet minimum requirements, the SBH-ASO Review Team will inform the subcontractor in writing and request further action/revision. The Monitoring Report and subsequent outcomes (including CAP responses) will be shared with the QACC for review and further oversight.
8. The subcontractor will be responsible and accountable for correcting all findings.
9. The Monitoring Report and Response becomes a permanent part of the subcontractor's monitoring file and credentialing file.

SELF-DIRECTED REMEDIATION

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. All remediation processes and outcomes are reported to the SBH-ASO Leadership Team by the QACC Chair. The SBH-ASO Leadership Team will determine the final action to be taken considering recommendations given by QACC. Outcomes will be recorded in the QACC minutes.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: TRANSLATION AND INTERPRETATION SERVICES **Policy Number:** CA401

Effective Date: 1/1/2020

Revision Dates: 3/12/2020

Reviewed Date:

Executive Board Approval Dates: 11/1/2019

PURPOSE

Salish Behavioral Health Administrative Services (SBH-ASO) provides equal access for all Individuals when oral or written language creates a barrier to such access.

POLICY

SBH-ASO assures that all subcontractors provide equal access for all Individuals when oral or written language creates a barrier for those with communication barriers. SBH-ASO subcontractors utilize interpreter services that can produce documentation that they utilize people who are qualified as certified interpreters and translators.

PROCEDURE

1. Oral Information:

SBH-ASO and its subcontractors provide interpreter services free of charge for Individuals with a preferred language other than English. This includes the provision of interpreters for Individuals who are Deaf, Deaf and Blind, or Hard of Hearing. This includes oral interpretation Sign Language (SL), and the use of Auxiliary Aids and Services as defined in the current HCA BH-ASO contract. Interpreter services are provided for all interactions between such Individuals and the Contractor or any of its subcontractors including, but not limited to:

- a) Customer service;
- b) All appointments with any provider for any covered service;
- c) All steps necessary to file grievances and appeals;
- d) All Crisis related services.

2. Written Information:

SBH-ASO and its subcontractors provide all generally available and individual-specific written materials in a language and format which may be understood by each Individual in each of the prevalent languages that are spoken by 5 percent or more of the population of the RSA based on information obtained from HCA.

For Individuals whose preferred language has not been translated as required in this Section, the SBH-ASO or its subcontractor may meet the requirement of this section by doing any one of the following:

- a) Translating the material into the Individual's preferred reading language;
 - b) Providing the material in an audio format in the Individual's preferred language;
 - c) Having an interpreter read the material to the Individual in Individual's preferred language;
 - d) Providing the material in another alternative medium or format acceptable to the Individual. The subcontractor will document the Individual's acceptance of the material in an alternative medium or format in their record; or
 - e) Providing the material in English, if the SBH-ASO or the subcontractor documents the Individual's preference for receiving material in English.
3. SBH-ASO ensures that all SBH-ASO and subcontractor written information provided to Individuals is
 - a. accurate,
 - b. not misleading,
 - c. comprehensible to its intended audience,
 - d. designed to provide the greatest degree of understanding,
 - e. written at the sixth (6th) grade reading level, and
 - f. fulfills other requirements of the HCA BH-ASO Contract as may be applicable to the materials.
 4. HCA may make exceptions to the sixth (6th) grade reading level when, in the sole judgment of HCA, the nature of the materials do not allow for a sixth (6th) grade reading level or the Individual's needs are better served by allowing a higher reading level. HCA approval of exceptions to the sixth (6th) grade reading level must be in writing.
 5. Subcontractors will submit all written materials to SBH-ASO upon request. SBH-ASO will submit all written materials to HCA for approval according to requirements of the HCA BH-ASO contract.
 6. Educational materials about topics or other information used by SBH-ASO or subcontractors for health promotion efforts must be submitted to HCA, but do not require HCA approval as long as they do not specifically mention the Contracted Services.
 7. Educational materials that are not developed by SBH-ASO or its subcontractors are not required to meet the sixth (6th) grade reading level requirement and do not require HCA approval.

For Individual-specific written materials, SBH-ASO and its subcontractors may use templates that have been pre-approved in writing by HCA. SBH-ASO will provide HCA with a copy of all approved materials in final form.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INTEGRATED CRISIS SYSTEM

Policy Number: CL200

Effective Date: 1/1/2020

Revision Dates: 3/4/2020

Reviewed Date: 5/2/2019

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

PURPOSE

To provide Salish Behavioral Health Administrative Services Organization (SBH-ASO) with clearly defined standards for the provision of crisis services; the oversight of crisis services; and the expected outcomes for provision of crisis care.

POLICY

Integrated Crisis System (ICS) includes a broad network of triage and referral services that are intended to stabilize the Individual in crisis while utilizing the least restrictive community settings possible. Crisis services include both voluntary and involuntary services and address all relevant behavioral health and substance abuse situations.

PROCEDURE

1. Within the SBH-ASO region, the following services are available to all individuals in the SBH-ASO's Service Area, regardless of ability to pay:
 - A. Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs. Dispatch mobile crisis or connect the individual to services. For individuals enrolled with an MCO, assist in connecting the individual with current or prior service providers. Crisis Services may be provided without authorization and prior to completion of an Intake Evaluation. Services shall be provided by or under the supervision of a Mental Health Professional. SBH-ASO will provide twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, crisis mental health services to Individuals who are within the SBH-ASO's Service Area and report they are experiencing a crisis. There will be sufficient staff available, including a DCR, to respond to requests for Crisis Services.

- B. Behavioral Health Involuntary Treatment Services include investigation and evaluation activities, management of court case finding, and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment.
 - C. SBHASO provides reimbursement to county courts for cost associate with ITA.
 - D. SBHASO Providers provide evaluation and treatment services as order by the court for individual who are not eligible for Medicaid.
2. SBH-ASO provides the following services to Individuals who meet eligibility requirements but who do not qualify for Medicaid, when medically necessary, and based on Available Resources:
- A. Crisis Stabilization Services, includes short-term face-to-face assistance with life skills training and understanding of medication effects and follow up services. Services are provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual experiencing a behavioral health crisis. Crisis stabilization is often referred to as hospital diversion, typically managed by specific programs, apart from initial/emergent Stabilization Services, and available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
 - B. SUD Crisis Services including short term stabilization, a general assessment of the individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved facility for intoxicated or incapacitated individuals on the streets or in other public places. Services may be provided by telephone, in person, in a facility or in the field. Services may or may not lead to ongoing treatment.
 - C. Secure Withdrawal Management and Stabilization Services provided in a facility licensed by DOH to provide evaluation and treatment services to Individuals detained by the DCR for SUD ITA. Appropriate care for Individuals with a history of SUD who have been found to meet criteria for involuntary treatment includes: evaluation and assessment, provided by an SUDP; acute or subacute withdrawal management services; SUD treatment; and discharge assistance provided by SUDPs, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to LRA as appropriate for the Individual in accordance with WAC 246-341-1104. This is an involuntary treatment which does not require authorization.
 - D. Peer-to-Peer Warm Line Services are available to callers with routine concerns who could benefit from or who request to speak to a peer for

support and help de-escalating emerging crises. Warm line staff may be peer volunteers who provide emotional support, comfort, and information to callers living with a mental illness.

Crisis System General Requirements

SBH-ASO shall develop and maintain a regional behavioral health crisis system through its Crisis Provider Network who will provide services that meet the following requirements:

1. Crisis Services will be available to all Individuals who present with a need for Crisis Services in the SBH-ASO's Service Area.
2. Crisis Services shall be provided in accordance with Chapters 71.05 RCW and 71.34 RCW.
3. ITA services shall be provided in accordance with the SBH-ASO Involuntary Treatment Act Services Policy. Requirements include payment for all services ordered by the court for Individuals ineligible for Medicaid, and costs related to court processes and Transportation. Crisis services become ITA services when a DCR determines an Individual must be evaluated for involuntary treatment. ITA services continue until the end of the Involuntary Commitment and may be outpatient or inpatient.

Crisis Services shall be delivered as follows:

- A. Stabilize Individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for Crisis Services. Stabilization Services will be provided in accordance with WAC 246-341-0915.
- B. Provide solution-focused, person-centered, and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization, or out of home placement.
- C. Coordinate closely with the regional MCOs, community court system, First Responders, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services and inclusive of processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
- D. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
- E. Develop and implement strategies to assess and improve the crisis system over time.

Crisis System Staffing Requirements

The SBH-ASO and its Crisis Provider Network shall comply with staffing requirements in accordance with Chapter 246-341 WAC. Each staff member working with an Individual receiving crisis services must:

1. Be supervised by a Mental Health Professional or licensed by DOH.
2. Receive annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.
3. Have the ability to consult with one of the following (who has at least one (1) year of experience in the direct treatment of Individuals who have a mental or emotional disorder):
 - A psychiatrist;
 - A physician;
 - Physician assistant; or
 - An ARNP.
4. SBH-ASO Providers shall comply with DCR qualification requirements in accordance with Chapters 71.05 and 71.34 RCW and shall incorporate the statewide DCR Protocols, listed on the HCA website, into the practice of their DCRs.
5. SBH-ASO Providers shall have clinicians available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, who have expertise in Behavioral Health issues pertaining to children and families.
6. SBH-ASO Providers shall make available at least one (1) Certified SUDP with experience conducting Behavioral Health crisis support for consultation by phone or on site during regular Business Hours.
7. SBH-ASO Providers shall make available at least one (1) Certified Peer Counselor with experience conducting behavioral health crisis support for consultation by phone or on site during regular Business Hours.
8. SBH-ASO Providers shall establish policies and procedures for ITA services in accordance with SBH-ASO Involuntary Treatment Act Services Policy.
9. SBH-ASO Providers shall have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four hours a day, seven days a week including DCR contact protocol.

Crisis System Operational Requirements

Crisis Services shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.

1. Mobile crisis outreach shall respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
2. Salish Regional Crisis Line is a toll-free line that is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
3. The Salish Regional Crisis Line shall be a separate number from SBH-ASO's customer service line.
4. Individuals shall have access to crisis services without full completion of Intake Evaluations and/or other screening and assessment processes.
5. Telephone crisis support services will be provided in accordance with WAC 246-341-0905 and crisis outreach services will be provided in accordance with WAC 246-341-0910.
6. SBH-ASO maintains registration processes for non-Medicaid Individuals utilizing crisis services to maintain demographic and clinical information and establish a medical record/tracking system to manage their crisis care, referrals, and utilization.
 - a. For crisis services provided in the SBH-ASO Regional Service Area (RSA), all Providers will conduct eligibility verification for Individuals who are receiving services or who want to receive services to determine financial eligibility. Refer to the SBH-ASO Eligibility Verification Policy.
 - b. All contracted crisis providers, including the toll-free crisis line provider, are required to submit a daily Crisis Log to the SBH-ASO.
 - c. All information collected is compiled into a database in order to monitor utilization at both an individual as well as a systems level.
7. SBH-ASO Care Managers and Crisis Providers provide information about and referral to other available services and resources for individuals who do not meet criteria for Medicaid or GFS/FBG services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous).
8. Crisis Providers document calls, services, and outcomes on the daily crisis log as well as agency EHRs. SBH-ASO and the SBH-ASO Crisis Providers shall comply with record content and documentation requirements in accordance with WAC 246-341-0900 through WAC 246-341-0920.

9. SBH-ASO Crisis Providers shall notify the SBH-ASO by 10am each calendar day of all crisis contacts resolved by 3am that day. The SBH-ASO shall notify the MCO within one (1) business day when an MCO Enrollee interacts with the crisis system.
10. SBH-ASO shall coordinate with the MCO/ASO of record for an Individual upon becoming aware of a change in eligibility status, when we determine that the Individual has Medicaid coverage or loses Medicaid coverage, or moves between the SBH-ASO region and another region.

Integrated Crisis System:

Crisis services should reflect the following:

1. Services will include providing crisis telephone screening as defined in WAC 246-341-0910.
 2. Crisis peer support services shall be provided in accordance with WAC 246-341-0920.
 3. Crisis outreach staff shall work collaboratively with mental health and substance use disorder treatment services/programs, serving adults and children in a developmentally and culturally competent manner, ensuring that developmentally and culturally appropriate service/specialists are contacted at all critical junctures.
 4. Crisis Workers will utilize an existing crisis plan as available.
- a. Crisis alert forms are available on the SBH-ASO website.. This information is shared with the Salish Regional Crisis Line via the SBH-ASO portal.
5. When there is a question of safety, outreach services shall be provided in coordination with law enforcement or other mental health support.
 6. Information regarding the Salish Regional Crisis Line number is available 24 hours a day, 7 days a week, 365 days a year.
 7. Crisis services are provided in the Individual's language of choice, free of charge. Providers have access to interpreter services and TTY/TDD equipment.
 8. Crisis services are available to all persons needing mental health and substance use disorder crisis services regardless of their ability to pay, insurance status, age, sex, minority status, status with the SBH-ASO, allied system of care relationship, or place of residency.
 9. Individuals experiencing a psychiatric or substance use disorder crisis are stabilized in the most appropriate, least restrictive setting.

10. Crisis services are inclusive of natural supports (i.e. family, friends co-workers, etc.) of individuals experiencing a crisis. This includes obtaining collateral information from natural supports when available and appropriate.
 - i. Crisis services build upon existing systems of crisis provision, reflect innovation, and strive for best practices (quality of care). This includes applying aspects of the Practice Guidelines adopted by SBH-ASO.
11. A “no decline” policy will be enforced for both Designated Crisis Responders and Crisis Outreach Workers.

Note: “No decline” means that when a Designated Crisis Responder or Crisis Outreach Worker is requested by persons identified in Mobile Crisis Outreach (see Mobile Outreach Services 4, below), they may not refuse to provide crisis services regardless of the person’s age, culture, or ability to pay.

Mobile Outreach Services:

1. Face-to-face services are provided by crisis outreach when telephone intervention is unsuccessful in stabilizing the individual.
2. Mobile crisis outreach will respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
3. When clinically indicated or when the service recipient has no means to get to a clinic or emergency room, the crisis response staff will take services directly to the individual in crisis, stabilizing and supporting the person until the crisis is resolved or an appropriate referral is made.
4. SBH-ASO Providers shall have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
5. SBH-ASO Providers shall establish policies and procedures for crisis and ITA services that implement the following requirements:
 - a. No DCR or crisis worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's ITA, unless a second trained individual accompanies them.
 - b. The clinical team supervisor, on-call supervisor, or the individual professional shall determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - c. The second individual who responds may be a First Responder, a Mental Health Professional, a Substance Use Disorder Professional, or a mental health provider who has received training required in RCW 49.19.030.

- d. No retaliation shall be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - e. The Contractor shall have a plan to provide training, mental health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit shall have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response.
 - g. SBH-ASO Providers shall provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.
6. Face to face evaluation and/or other interventions shall be required when requested by:
- a. SBH-ASO Staff
 - b. Law Enforcement
 - c. Designated Crisis Responder
 - d. Hospital Emergency Staff
 - e. Mental Health Outpatient Providers
 - f. Substance Use Disorder Treatment Services Providers
 - g. Detox Staff
 - h. Residential Providers
 - i. School Teachers/Counselors
 - j. Providers of Inpatient Psychiatric Services
 - k. Hospital Staff
 - l. Primary Care Physicians

Care Coordination Post Crisis

Once the crisis is stabilized, SBH-ASO and its providers will ensure a consistent and appropriate follow-up process for the individual. The SBH-ASO crisis delivery system works with all allied systems of care, to ensure the SBH-ASO community and crisis recipients are kept safe and maintained in the least restrictive environment possible. Crisis services also work with local law enforcement, community mental health programs, SUD treatment providers, hospitals, shelters, and homeless services.

Ancillary Requirements of the SBH-ASO Crisis System

1. Crisis services to Tribal members will be provided in accordance with Tribal Crisis Agreements and the current HCA-ASO contract.
2. All SBH-ASO providers of crisis services shall use an appropriate method, such as their electronic health record, to record the fact of contact with each person, where, when and which crisis services they received, care coordination provided and their demographic and clinical information.
3. All SBH-ASO providers of crisis services shall provide evidence of and demonstrate an ability to transmit that data to SBH-ASO, per contract terms, to meet all data requirements of timely and complete reporting of such services and client information.



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

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

Executive Board Approval Dates: 11/1/2019

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 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 include Compliance and Program Integrity requirements in its subcontracts.

The SBH-ASO will follow 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 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. In consultation with the QACC, the CO may revise the Compliance and Program Integrity Plan (“the Plan”), as appropriate, and as approved by the Executive Board.
 - a. The Plan will be made available through its posting on the SBH-ASO website.
- C. The CO duties include the following:
 1. To oversee and monitor SBH-ASO compliance activities. This includes maintaining ongoing communication and interactions with the SBH-ASO leadership (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 Administrator, the QACC, and the Executive Board in establishing and maintaining a methodology for preventing and detecting FWA, including (but not limited to):
 - i. Creating, updating and utilizing a risk assessment methodology;
 - a. This methodology will be reviewed with the QACC at least annually in reference to its applicability and need for revision.
 - ii. Incorporating compliance monitoring into the audits completed on provider agencies.
 - iii. Assuring that focus is given to the highest volume/highest risk providers.
 - iv. Addressing audit findings (internal or external) pertinent to the SBH-ASO.
 - v. Assisting with the regular provision of FWA training to SBH-ASO staff and the Executive Board.

- vi. Ensuring training is provided to the SBH-ASO Provider Network'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 Administrative Contract Compliance 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 Administrator and the Executive Board regarding the findings and need for interventions.
6. To receive and investigate reports of possible violations of SBH-ASO policy and/or contract.
7. To promptly respond to detected violations.
8. To develop policies and programs that encourage employees and providers to report suspected violations of the policy without fear of retaliation.
9. To identify areas where corrective actions are needed and, in consultation with the QCC, 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. As a part of the ongoing monitoring and auditing of the policy, the CO, in cooperation with the QCC, 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.

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

Information on Persons Convicted of Crimes

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

Federal Exclusion and Legal Status

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

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

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 CO a monthly written attestation verifying the clear status of all staff using the above sources. The SBH-ASO CO conducts monthly checks on all SBH-ASO staff and board members 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 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 contracted BHAs shall allow HCA or any authorized state or federal agency or authorized representative, access to all records, including computerized data stored by the SBH-ASO or its contracted BHA. The SBH-ASO and its contracted BHAs shall provide and furnish the records at no cost to the requesting agency.

On-Site Inspections

The SBH-ASO or its contracted BHAs 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 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 must repay any overpayments that are identified through a fraud investigation conducted by the MFCD or other law enforcement entity based on the timeframes provided by federal or state law.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CRITICAL INCIDENT REPORTING

Policy Number: CP302

Effective Date: 1/1/2020

Revision Dates: 3/12/2020

Reviewed Date: 6/14/2019; 7/18/2019

Executive Board Approval Dates: 11/1/2019

Policy

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) shall establish a Critical Incident Management System consistent with all applicable laws and shall include policies and procedures for identification of incidents, reporting protocols, and oversight responsibilities.

The SBH-ASO has a Critical Incident Manager responsible for administering the Critical Incident Management System and ensuring compliance with the requirements of the contract with the Health Care Authority (HCA). The SBH-ASO Critical Incident Manager is the Quality and Compliance Manager.

The SBH-ASO shall communicate with the appropriate MCO when the SBH-ASO becomes aware of an incident for a Medicaid Enrollee. Upon request, SBH-ASO will collaborate with the appropriate MCO in reference to such an incident.

Procedure

SBH-ASO staff, subcontractors, Federally Qualified Health Centers (FQHC), and independent behavioral health providers (Reporters) are to report Critical Incidents involving Individuals receiving SBH-ASO funded services via the SBH-ASO Critical Incident Form:

<https://www.cognitofrms.com/SalishBehavioralHealthOrganization1/SBHASOCriticalIncidentForm>

Reporters shall submit to the SBH-ASO and the SBH-ASO shall submit to the HCA an Individual Critical Incident report for the following Level 1 incidents that occur:

1. To an Individual receiving SBH-ASO funded services, and occurred within a contracted behavioral health facility (inpatient psychiatric, behavioral health agencies), FQHC, or by independent behavioral health provider:
 - a. Abuse, neglect, or sexual/financial exploitation; and

- b. Death.
2. By an Individual receiving SBH-ASO funded services, with a behavioral health diagnosis, or history of behavioral health treatment within the previous 365 days. Acts allegedly committed, to include:
 - a. Homicide or attempted homicide;
 - b. Arson;
 - c. Assault or action resulting in serious bodily harm which has the potential to cause prolonged disability or death;
 - d. Kidnapping; and
 - e. Sexual assault.
3. Unauthorized leave from a behavioral health facility during an involuntary detention, when funded by the SBH-ASO.
4. Any event involving an Individual that has attracted, or is likely to attract media coverage, when funded by the SBH-ASO (the SBH-ASO shall provide the link of the source of the media to HCA, as available).

Reporters shall also submit to the SBH-ASO the following Level 2 incidents involving Individuals receiving SH-ASO funded services:

1. Incidents posing a credible threat to an Individual's safety
2. Suicide and attempted suicide
3. Poisoning/overdoses, unintentional or intention unknown

Reporting

1. The SBH-ASO will document and track all provider and SBH-ASO Critical Incidents received. This log will include the current open or closed status of the Critical Incident and will be used for required reporting.
2. The SBH-ASO shall report Critical Incidents within one (1) business day of becoming aware of the incident and shall report incidents that have occurred within the last thirty (30) calendar days, with the exception of incidents that have resulted in or are likely to attract media coverage. Media related incidents should be reported to HCA as soon as possible, not to exceed one (1) business day.
3. The SBH-ASO shall report Critical Incidents, follow-up, and actions taken using the HCA Incident Reporting System at <https://fortress.wa.gov/hca/ics/> using the report template within the system. If the system is unavailable the SBH-ASO shall report Critical Incidents to HCABHASO@hca.wa.gov.
4. The SBH-ASO Internal Quality Committee (IQC) will regularly review the status of each open Critical Incident to ensure follow-up investigations and procedure are occurring within contractual time frames and within contractual procedures. General trends will be reviewed at the Quality Assurance and Compliance Committee (QACC). Both committees should consider any actions that can be taken to reduce incidents and follow-up as necessary.

5. The SBH-ASO shall submit a semi-annual report of all Critical Incidents tracked for Individuals receiving SBH-ASO funded services during the previous six (6) months.
 - a. At minimum, the report shall include an analysis of the following incidents:
 - i. Incidents identified through the HCA Incident Reporting System;
 - ii. Incidents posing a credible threat to an Individual's safety;
 - iii. Suicide and attempted suicide; and
 - iv. Poisoning/overdoses, unintentional or intention unknown.
 - b. The following elements shall be included in the analysis:
 - i. How the incident reporting program has been structured and operationalized;
 - ii. The number and types of Critical Incidents and comparisons over time;
 - iii. Trends found in the population (e.g., regional differences, demographic groups, vulnerable population, and other trends the SBH-ASO IQC or QACC deem necessary for additional review).
 - iv. Actions taken by the SBH-ASO to reduce incidents based on the analysis, and other actions taken and why;
 - v. The SBH-ASO's evaluation of how effective our Critical Incident reporting program has been over the reporting period and changes that will be made, as needed.
 - c. The report shall be submitted as a Word document and is due no later than the last business day of January and July for the prior six (6) month period. The January report shall reflect incidents that occurred July through December and the July report shall reflect incidents that occurred January through June.
 - d. The SBH-ASO shall also include a data file of all Critical Incidents from which the analysis is made using a template provided by HCA.



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

Reviewed Date: 10/8/19

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.

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 anything of value, be it money, gifts, space, equipment or services, in return for the referral of individuals 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 Compliance Officer and Quality and Compliance Committee

1. The SBH-ASO Compliance Officer (CO) is responsible for overseeing the SBH-ASO Compliance and Program Integrity Plan (the Plan) and coordinating monitoring activities.
2. The SBH-ASO Compliance Officer reports to the SBH-ASO Quality Assurance and Compliance Committee (QACC). The QACC meets quarterly, at a minimum. The CO reports 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).
3. 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:
 - SBH-ASO Annual Monitoring Reviews with each subcontractor
 - a. The SBH-ASO audit tool includes a Program Integrity section that reviews various Compliance and Program Integrity activities conducted by a subcontractor.
 - b. The SBH-ASO verifies the Third Party Resources pursued. The SBH-ASO inquires and verifies the provider agency process for pursuing other billing sources.
 - c. 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.
 - 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.

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

- a. Review of Provider Quarterly Financial and Performance Reports
- b. Contracted agencies' annual independent financial audits
- c. SBH-ASO profiling of provider client data
- d.
- e. Ombuds participation and reporting at QACC, and other in-network committees
- f. SBH-ASO Grievance, Appeal, and Adverse Authorization Determination Quarterly Reports

- g. SBH-ASO Utilization Management Monthly Tracking Reports
- h.
- i. Availability of the CO to discuss suspected FWA and help staff accurately assess the likelihood that FWA has occurred.
- j. 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.
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
 2. Calling the CO directly at (360) 307-4274 or (800) 525-5637
 3. By faxing the CO at (360) 337-5721

4. By e-mailing the CO at rjordan@co.kitsap.wa.us
5. By calling, on an anonymous basis, the SBH-ASO Office at (360) 307-4274 or (800) 525-5637
6. 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. Calling OMEP at 360-725-0934 and leaving a detailed message
8. Mailing a written complaint to:
Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534
9. Entering the complaint online at:
<https://wadshs.libera.com/Sys7CMSPortal-FCMS-WA/fraud/report.aspx>
10. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158
11. Emailing the complaint electronically
WAEligibilityfraud@hca.wa.gov
12. 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 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 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 officers:

- 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 MFCD, or other law enforcement agency, accepts or declines the referral.
 - If MFCD, or 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, 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 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, 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 law enforcement agency that the legal proceedings related to the provider's alleged Fraud are completed.

The SBH-ASO 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.

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 law enforcement agency have 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 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 (6) 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 this 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 SBH-ASO is responsible for investigating Individual Fraud, waste, and abuse. If the SBH-ASO suspects Client/member/Enrollee Fraud:

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

The SBH-ASO 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 BHAs 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@hca.wa.gov with subject "Program Integrity Monthly list of Terminations Report." The report must include all of the following:

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



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: THIRD-PARTY LIABILITY AND COORDINATION OF BENEFITS

Policy Number: FI502

Effective Date: 1/01/2020

Revision Dates: 2/19/2020

Reviewed Date: 7/16/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To assure that Salish Behavioral Health Administrative Services Organization (SBH-ASO) pursues Third Party Resources and uses those Resources to support the Public Behavioral Health System and to ensure that Medicaid, State, and Federal funding are the payer of last resort; that individual benefits are appropriately funded, and to utilize the Contract monitoring process to ensure that Network Providers are adhering to the policy.

DEFINITIONS

Third Party Resources: Those resources other than Medicaid that can be used to pay for services prior to the billing of Medicaid for Medicaid eligible clients. For non-Medicaid clients it is Medicare and private insurance and/or personal resources for people of means.

Coordination of Benefits(COB): Those activities undertaken by the SBH-ASO and Network Providers to ensure that appropriate client benefits are properly funded using all available resources.

POLICY

1. SBH-ASO and its Providers shall not refuse or reduce services provided under the Health Care Authority (HCA) BH-ASO contract solely due to the existence of similar benefits provided under any other health care contracts (RCW 48.21.200), except in accord with applicable coordination of benefits (COB) rules in WAC 284-51.

2. Attempt to recover any third-party resources available to Individuals and make all records pertaining to COB collections for Individuals available for audit and review.
3. SBH-ASO will comply with HCA and Managed Care Organization (MCO) contract requirements regarding the need to identify, pursue, and record third-party liability in accordance with Medicaid being the payer of last resort. SBH-ASO will comply with HCA contract requirements regarding sliding scale service fees. Individual's benefits are funded through all available third-party resources with Medicaid, with state and federal funding being billed as a last resort.
4. SBH-ASO will pay claims for contracted services when probable third-party liability has not been established or the third-party benefits are not available to pay a claim at the time it is filed.
5. SBH-ASO will coordinate with out-of-network providers with respect to payment to ensure the cost to Individuals is no greater than it would be if the services were furnished within the network.
6. SBH-ASO will communicate the requirements of this Policy to Providers that provide services under the terms of the HCA BH-ASO contract, and assure compliance with them.
7. SBH-ASO will ensure subcontracts require the pursuit and reporting of all third-party revenue related to services provided under the HCA BH-ASO contract, including pursuit of Fee-for-Service Medicaid funds provided for AI/AN individuals who did not opt into managed care.
8. All funds recovered from third-party resources are treated as a reduction of expenses paid and are used to support the public Behavioral Health system.
9. SBH-ASO and Network Providers remedy issues concerning service discrimination, if such issues surface.

PROCEDURE

1. The SBH-ASO provider network subcontracts include the requirement to identify, pursue and record third-party resources. This required subcontractor process is subject to monthly certification.
2. When an individual has alternative payer sources, the explanation of benefits (EOBs) statement from the alternative payer can be reviewed to verify the denial of payment from this payer.
3. SBH-ASO provider network subcontractors shall pursue third party resources. SBH-ASO subcontractors shall bill applicable insurance companies prior to billing SBH-ASO and provide documentation upon request.

4. All third-party collections related to SBH-ASO services will be submitted to or adjudicated with the SBH-ASO within 45 calendar days from the date the provider receives the third-party reimbursement.
5. SBH-ASO will develop and provide appropriate training to subcontractors on this policy.
6. SBH-ASO Network Provider subcontracts will include the requirement to attend applicable SBH-ASO sponsored trainings.
7. During provider administrative contract monitoring, a sampling of third-party collections and potential collections will be reviewed to determine if individuals' benefits were funded appropriately and to determine if those funds were accounted for properly.
8. If through the financial review, periodic chart review or other areas observed during the contract monitoring, any issues are identified concerning appropriate funding of individual benefits, the contractor must address such issues immediately and a Corrective Action Plan will be provided to SBH-ASO within 30 calendar days that details how the issues were resolved. SBH-ASO will follow-up periodically, to ensure that the Corrective Action Plan was fully implemented.
9. SBH-ASO will ensure it collects signed and certified third-party reports from providers quarterly and properly reports the information to HCA.

Sliding Scale Service Fees

SBH-ASO shall not deny the provision of Crisis Services, Involuntary Evaluation and Treatment (E&T) services, Involuntary Treatment Act (ITA) services or Substance Use Disorder involuntary commitment services to Individuals based on ability to pay. SBH-ASO Providers must develop and implement a sliding fee schedule for Individuals that takes into consideration an Individual's circumstances and ability to pay. The fee schedule must be reviewed and approved by the SBH-ASO. SBH-ASO will ensure providers with sliding scale fee policies adhere to these requirements:

1. Put the sliding fee schedule in writing that is non-discriminatory;
2. Include language in the sliding fee schedule that no individual shall be denied services due to inability to pay;
3. Provide signage and information to Individuals to educate them on the sliding fee schedule;
4. Protect Individual's privacy in assessing fees;
5. Maintain records to account for each Individual's visit and any charges incurred;
6. Charge Individuals at or below 100% of Federal Poverty Level (FPL) a nominal fee or no fee at all;
7. Develop at least three (3) incremental amounts on the sliding fee scale for Individuals between 101-220% FPL.

Cost Sharing Assistance

SBH-ASO may use block grant funds to help individuals satisfy cost-sharing requirements for Substance Use Block Grant (SABG) authorized SUD services or Mental Health Block Grant (MHBG) authorized mental health services. SBH-ASO shall ensure that:

1. The provider is a recipient of block grant funds;

2. Cost-sharing is for a block grant authorized services;
3. Payments are in accordance with SABG or MHBG laws and regulations;
4. Cost-sharing payments are made directly to the provider of the service; and
5. A report is provided to HCA upon request that identifies:
 - a. The number of individuals provided cost-sharing assistance
 - b. The total dollars paid out for cost-sharing; and
 - c. Providers who received cost-sharing funds.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DEFINITIONS FOR POLICIES GOVERNING PROTECTED HEALTH INFORMATION (PHI)

Policy Number: PS901

Effective Date: 1/1/2020

Revision Date(s):

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

This policy addresses definitions for Salish Behavioral Health Administrative Services Organization (SBH-ASO) policies relating to Protected Health Information (PHI).

DEFINITIONS

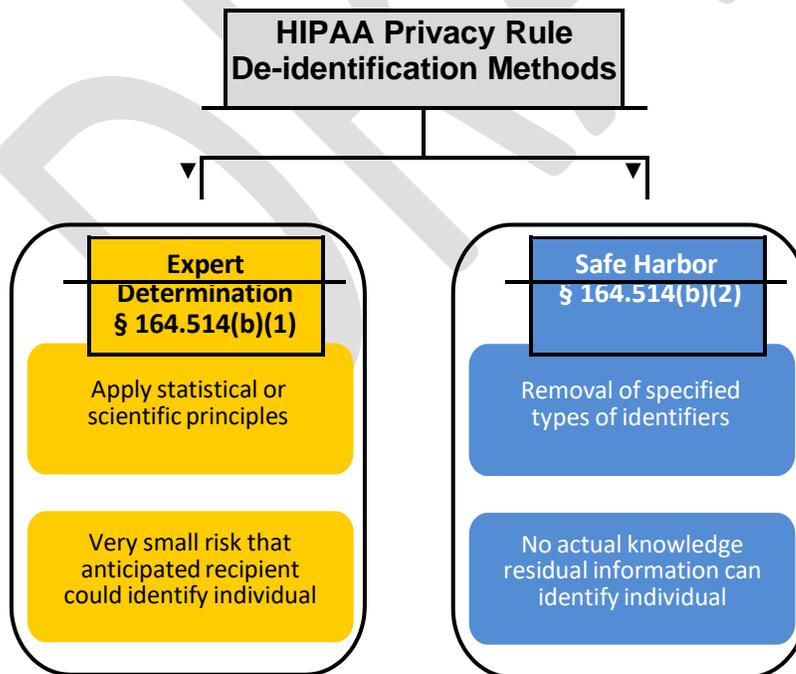
1. **Act** means the Social Security Act.
2. **ANSI** stands for the American National Standards Institute.
3. **Authorized Representative** means a personal representative who is authorized under Health Insurance Portability and Accountability Act (HIPAA), State Law, or other law to act on behalf of an Individual in making decisions related to Health Care. This includes a court-appointed guardian and a person with a Power of Attorney that extends to Health Care decisions but may also include other persons such as the parent, guardian, or person acting in loco parentis of an unemancipated minor.
4. **Breach Notification Rule** means the Notification of Unsecured Protected Health Information (PHI) standards promulgated to implement HIPAA, as may be amended from time to time.
5. **Breach of Unsecured PHI** means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the Privacy Rule that compromises the security or privacy of the PHI, subject to certain exceptions. An analysis must be performed to determine whether notification of an event affecting PHI is required.

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6. **Business Associate** means any person or entity (other than in the capacity of Workforce) who:
- 6.1 **Activities on Behalf of a Covered Entity Involving PHI.** On behalf of a Covered Entity (or Organized Health Care Arrangement in which a Covered Entity participates) creates, receives, maintains or transmits PHI for a function or activity regulated by HIPAA, including claims processing or administration, data analysis, processing, or administration, utilization review, quality assurance, patient safety activities, billing, benefit management, practice management and repricing;
 - 6.2 **Services Involving PHI.** Provides to a Covered Entity (or Organized Health Care Arrangement in which a Covered Entity participates) legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services involving the Disclosure of PHI from the Covered Entity or Organized Health Care Arrangement; and/or
 - 6.3 **Specified Entity.** Is: (a) health information organization, e-prescribing gateway or other person that provides data transmission services with respect to PHI and requires access on a routine basis to the PHI; (b) a person who offers a personal health record to Individuals on behalf of a Covered Entity; and/or (c) a Subcontractor that creates, receives, maintains or transmits PHI on behalf of a Business Associate.
 - 6.4 **Exclusions.** Is not: (a) Health Care Provider (for Treatment purposes); (b) a sponsor of a Health Plan (for Health Plan activities in compliance with HIPAA); (c) a government agency (for determining eligibility for or enrollment in a government Health Plan); or (d) a Covered Entity performing services on behalf of the Organized Health Care Arrangement in which it is participating.
 - 6.5 **Examples.** Salish BH-ASO acts as a Business Associate for its Upstream Covered Entities. Additionally, Salish BH-ASO contracts with Subcontractor Business Associates.
7. **Business Associate Agreement or BAA** means the satisfactory written assurance from a Business Associate to permit the Business Associate to create, receive, maintain, or transmit PHI on behalf of a Covered Entity or upstream Business Associate. A BAA, in part, establishes the Business Associate's: permitted or required uses and disclosures of PHI; obligations to safeguard PHI; and facilitation of the rights of Individuals with respect to PHI. At a minimum, the BAA must contain the language required by HIPAA for a BAA. A BAA may take many forms including a stand-alone contract,

addendum to a service contract, or amendment to a contract. SBH-ASO, at times, will be contracting both with Business Associates and as a Business Associate.

8. **Code Set** means any set of codes used to encode Data Elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. A Code Set includes the codes and the descriptors of the codes.
9. **Code Set Maintaining Organization** means an organization that creates, and maintains the Code Sets adopted by the Secretary for use in the transactions for which Standards are adopted in this part.
10. **Common Control** exists if an entity has the power, directly or indirectly, significantly to influence or direct the actions or policies of another entity.
11. **Common Ownership** exists if an entity or entities possess an ownership or equity interest of 5 percent or more in another entity.
12. **Correctional Institution** means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. Other persons held in lawful custody includes: juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.
13. **Covered Entity** means one (1) of the following entities, which must comply with HIPAA: (a) Health Care Provider that electronically transmits any HIPAA-covered Transaction (usually related to electronic billing); (b) Health Plan; and/or (c) Health Care Clearinghouse.
14. **Covered Functions** means those functions of a Covered Entity, the performance of which makes the entity a Covered Entity (e.g., a Health Plan, Health Care Provider, or Health Care Clearinghouse).
15. **Data Aggregation** means, with respect to PHI created or received by a Business Associate in its capacity as the Business Associate of a Covered Entity, the combining of PHI by the Business Associate with the PHI received by the Business Associate in its capacity as a Business Associate of another Covered Entity, to permit data analyses that relate to the Health Care Operations of the respective Covered Entities.

16. **Data Use Agreement** means the written assurances that must be provided by a recipient of a Limited Data Set. A Data Use Agreement, at a minimum, must contain the language required by the Privacy Rule.
17. **Data Condition** means all the Data Elements and Code Sets inherent to a Transaction, and not related to the Format of the Transaction. Data Elements that are related to the Format are not Data Content.
18. **Data Content** means all the Data Elements and Code Sets inherent to a Transaction, and not related to the Format of the Transaction. Data Elements that are related to the Format are not Data Content.
19. **Data Element** means the smallest named unit of information in a Transaction.
20. **Data Set** means a semantically meaningful unit of information exchanged between two parties to a Transaction.
21. **De-Identified Data or De-Identification** means health information that does not identify an Individual and with respect to which there is no reasonable basis to believe the information can be used to identify an Individual. To constitute De-Identified Data, the Covered Entity or Business Associate must meet one (1) of the two (2) De-Identification standards, which are depicted below:



22. **Descriptor** means the text defining a code.
23. **Designated Record Set** means a group of records maintained by or for a Covered Entity that is used for or constitutes:
- 23.0 **Health Care Provider Records.** The medical records and billing records about Individuals maintained by or for a covered Health Care Provider;
 - 23.1 **Health Plan Records.** The enrollment, payment, claims adjudication and case or medical management systems maintained by or for a Health Plan; or
 - 23.2 **For Decisions.** The PHI used, in whole or in part, by or for the Covered Entity to make decisions about Individuals.
 - 23.3 **Definition of Record.** For purposes of this definition paragraph, the term “record” means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a Covered Entity.
24. **Direct Data Entry** means the direct entry of data (for example, using dumb terminals or web browsers) that is immediately transmitted into a Health Plan's computer.
25. **Disclosure** means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
26. **Electronic Media** means the mode of electronic transmission. It includes the Internet (wide open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks, and those transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk media.
27. **Financial Remuneration** means, for Marketing purposes, direct or indirect payment from or on behalf of a third-party whose product or service is being described. Direct or indirect payment does not include any Payment for Treatment of an Individual.
28. **Format** refers to those Data Elements that provide or control the enveloping or hierarchical structure, or assist in identifying Data Content of, a Transaction.
29. **Group Health Plan** means an employee welfare benefit plan, including insured and self-insured plans, to the extent the plan provides medical care, including items and services paid for as medical care, to employees or their dependents directly or through insurance, reimbursement, or otherwise, that: (a) has 50 or more participants; or (b) is administered by an entity other than the employer that established and maintains the plan.
- NOTE:** A Group Health Plan is an umbrella term, encompassing a number of

different kinds of employer-provided benefit plans. Most private-sector group health plans are covered by the Employee Retirement Income Security Act (ERISA), which commonly are referred to as “ERISA plans.” Examples of group health plans include, but are not limited to:

1. A group health plan that is covered by health insurance;
2. A self-insured health plan; or
3. A self-insured medical reimbursement plan.

See also, Section 21 (definition of Health Plan); § 3(1) of ERISA, 29 USC §1002(1); and § 2791(a)(2) of the Public Health Service (PHS) Act, 42 USC 300gg-91(a)(2).

30. **HCFA** stands for Health Care Financing Administration within the Department of Health and Human Services referred to as CMS (Centers for Medicare and Medicaid Services).
31. **HCPCS** stands for Health [Care Financing Administration] Common Procedure Coding System.
32. **Health Care** means care, services, or supplies furnished to an Individual and related to the health of the Individual. Health Care includes the following:
 - 32.0 **Care and Services.** Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an Individual or that affects the structure or function of the body; and
 - 32.1 **Drug, Device, or Equipment.** Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
33. **Health Care Clearinghouse** means a public or private entity, including a billing service repricing company, community health management information system or community health information system, and “value-added” networks and switches that does either of the following functions:
 - 33.0 Processes or facilitates the processing Health Information received from another entity in a nonstandard Format or containing nonstandard Data Content into Standard Data Elements or a Standard Transaction.
 - 33.1 Receives a Standard Transaction from another entity and processes or facilitated the processing of Health Information into nonstandard Format or nonstandard Data Content for a receiving entity.
34. **Health Care Component** has the following meaning:
 - 34.1 Component of a Covered Entity that performs Covered Functions are part of the Health Care Component.

34.2 Another component of the Covered Entity is part of the entity's health care component to the extent that:

- It performs, with respect to a component that performs Covered Functions, activities that would make such other component a Business Associate of the component that performs Covered Functions if the two components were separate legal entities; and
- The activities involve the Use or Disclosure of Protected Health Information that such other component creates or receives from or on behalf of the component that performs Covered Functions.

35. **Health Care Operations** means any of the following activities of the Covered Entity to the extent the activities are related to Covered Functions and any of the following activities of an Organized Health Care Arrangement in which the Covered Entity participates:

- 35.0 **Quality Assessment and Improvement.** Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, as long as the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from the activities, population-based activities relating to improving health or reducing Health Care costs, protocol development, case management and care coordination, contacting of Health Care Providers and Individuals with information about Treatment alternatives and related functions that do not include Treatment;
- 35.1 **Professional Competence or Qualifications.** Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, Health Plan performance, conducting training programs in which students, trainees, or practitioners in areas of Health Care learn under supervision to practice or improve their skills as Health Care Providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- 35.2 **Underwriting.** Underwriting, premium rating and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits and ceding, securing, or placing a contract for reinsurance of risk relating to claims for Health Care (including stop-loss insurance and excess of loss insurance). (Note: the requirements of 45 CFR §164.514(g) must be met, if applicable);
- 35.3 **Medical, Legal, and Auditing Review.** Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs;
- 35.4 **Business Planning.** Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and

- 35.5 **Business Management.** Business management and general administrative activities of the entity, including, but not limited to:
- 35.5.1 Management activities relating to implementation of and compliance with the requirements of the HIPAA Privacy Rule;
 - 35.5.2 Customer service, including the provision of data analyses for policyholders, plan sponsors, or other customers, as long as PHI is not disclosed to the policyholder, plan sponsor, or customer;
 - 35.5.3 Resolution of internal grievances;
 - 35.5.4 Due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a Covered Entity or, following completion of the sale or transfer, will become a Covered Entity; and
 - 35.5.5 Creating De-Identified Data, fundraising for the benefit of the Covered Entity and Marketing for which an Individual authorization is not required as described in §164.514(e)(2), subject to applicable de-identification requirements of §164.514. See also, Section 10 of this policy (definition of De-Identified Data) and Policy 2503.00: De-Identification and Limited Data Sets.

36. **Health Care Provider** means:

36.1 A “provider of services,” which includes a hospital, critical access hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, home health agency, or hospice program;

36.2 A provider of “medical or health services,” which includes: physician services; “incident to” services, hospital services, outpatient physical and occupational medicine services, diagnostic services, rural health clinic services, home dialysis supplies, equipment and services, antigens, physician assistant and nurse practitioner services, blood clotting factors, immunosuppression therapy, physician assistant services, certified midwife services, qualified psychologist services, clinical social worker services, erythropoietin, prostate cancer screen tests, oral anti-cancer drugs, colorectal screening tests, diabetes outpatient self-management training, anti-emetic to accompany chemotherapy, glaucoma screening, medical nutrition therapy services, initial preventative physical examination, cardiovascular screening blood tests, diabetes screening tests, intravenous immune globin, ultrasound screening, other preventive services, cardiac rehabilitation, kidney disease education, personalized prevention plan and home infusion; diagnostic x-rays; x-ray, radium and radioactive isotope therapy; surgical dressings, splints and casts; durable medical equipment; ambulance services; prosthetic devices; braces and artificial limbs and eyes; pneumococcal vaccine; certified registered nurse anesthetist services; certain custom molded shoes; screening mammography; pap smear and screening pelvic exam; and bone mass measurement; or

36.3 Any other person or organization who bills or is paid for Health Care in the normal course of business. See, §1861(u) of the Social Security Act, 42 USC § 1395x(u)].

37. **Health Insurance Issuer** means an insurance company, insurance service, or insurance organization (including an HMO) that is licensed to engage in the business of insurance in a state and is subject to State Law that regulates insurance. A Health Insurance Issuer does not include a Group Health Plan. See § 2791(b)(2) of the Public Health Service Act, 42 USC 300gg-91(b)(2).

38. **Health Maintenance Organization or HMO** is a health insurance provider with a network of contracted Health Care Providers and facilities. Subscribers pay a fee for access to services within the HMO's network. Typically, an HMO develops its network by contracting primary care physicians (e.g., internists and family doctors), specialists (e.g., cardiologists and ophthalmologists), and clinical facilities (e.g., hospitals and specialty clinics). The HMO agrees to pay these parties specific levels of compensation for a range of services they provide to its subscribers. In return for a monthly fee, or premium, subscribers are granted access to providers inside the network at no additional cost. Subscribers may access services outside the network with the HMO's approval but may need to pay for part of the services. See, §2791 of the Public Health Service Act (PHS), 42 USC § 300gg-91(b)(3). See also, RCW 48.46.020 (13) (HMO means any organization that provides comprehensive health care services to enrolled participants of such organization on a group practice per capita prepayment basis or on a prepaid individual practice plan, except for an enrolled participant's responsibility for copayments and/or deductibles, either directly or through contractual or other arrangements with other institutions, entities, or persons, and which qualifies as a Health Maintenance Organization pursuant to RCW 48.46.030 and 48.46.040.).

39. **Health Oversight Agency** means an agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of the public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which Health Information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which Health Information is relevant.

40. **Health Plan** means an individual or group plan that provides, or pays the cost of, medical care. A Health Plan is an entity that provides, offers, or arranges for coverage of designated health services needed by plan members for a fixed,

prepaid premium. SBH-ASO treats itself as a Health Plan.

- 40.0 **Inclusion.** Health Plan includes the following, singly, or in combination:
- 40.0.1 A Group Health Plan, as defined in Section 14 of this policy.
 - 40.0.2 A Health Insurance Issuer, as defined in Section 37 of this policy.
 - 40.0.3 An HMO, as defined in Section 38 of this policy.
 - 40.0.4 Part A or Part B of the Medicare program under Title XVIII of the Social Security Act.
 - 40.0.5 The Medicaid program under Title XIX of the Social Security Act, 42 USC §1396 et seq. In Washington State, Medicaid is called “Apple Health.” Apple Health provides preventative care, like cancer screenings, treatment for diabetes and high blood pressure and many other Health Care services.
 - 40.0.6 An issuer of a Medicare supplemental policy [as defined in §1882(g)(1) of the Social Security Act, 42 USC §1395ss(g)(1)].
 - 40.0.7 An issuer of a long-term care policy, excluding a nursing home fixed- indemnity.
 - 40.0.8 An employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two (2) or more employers.
 - 40.0.9 The Health Care program for active military personnel under Title 10 of the USC.
 - 40.0.10 The Veterans Health Care Program under 38 USC Chapter 17.
 - 40.0.11 The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), as defined in 10 USC §1072(4).
 - 40.0.12 The Indian Health Service program under the Indian Health Care Improvement Act (25 USC §1601 et seq.).
 - 40.0.13 The Federal Employees Health Benefit Program under 5 USC §8902 et seq.
 - 40.0.14 An approved state child health plan under Title XXI of the Social Security Act, providing benefits that meet the requirements of §2103 of the Act, 42 USC §1397 et seq.
 - 40.0.15 The Medicare + Choice program under Part C of Title XVIII of the Social Security Act, 42 USC §§1395w-21 through 1395w-28.
 - 40.0.16 A high-risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible Individuals.
 - 40.0.17 Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care [as defined in §2791(a)(2) of the PHS Act, 42 USC §300gg-91(a)(2)].

- 40.1 **Exclusions.** The definition of “Health Plan” excludes:
- 40.1.1 Benefits that are generally not health coverage (e.g., life insurance, automobile insurance, liability insurance, workers compensation and accidental death and dismemberment coverage). These benefits are excepted in all circumstances. See, §2791(c)(1) of the Public Health Services (PHS) Act, §733(c)(1) of ERISA and §9832(c)(1) of the Internal Revenue Code (IRC).
- 40.1.2 Any policy, plan, or program to the extent it provides or pays for the cost of, excepted benefits, which may include: limited scope vision or dental benefits and benefits for long-term care, nursing home care, home health care, or community-based care. To be excepted under the excepted benefits category, the benefits must either:
1. be provided under a separate policy, certificate, or contract of insurance; or
 2. otherwise not be an integral part of a Group Health plan, whether insured or self-insured. See, §2791(c)(2)(C) of the PHS Act, §733(c)(2)(C) of ERISA, and §9832(c)(2)(C) of the IRC.
- 40.1.3 Non-coordinated excepted benefits, which include both coverage for only a specified disease or illness (such as cancer-only policies) and hospital indemnity or other fixed indemnity insurance. These benefits are excepted only if all of the following conditions are met:
1. the benefits are provided under a separate policy, certificate, or contract of insurance;
 2. there is no coordination between the provision of the benefits and any exclusion of benefits under any Group Health Plan maintained by the same plan sponsor; and
 3. the benefits are paid with respect to any event without regard to whether benefits are provided under any Group Health Plan maintained by the same plan sponsor. See, §2722(c)(2) of the PHS Act, §732(c)(2) of ERISA, and §9831(c)(2) of the IRC.
- 40.1.4 Supplemental excepted benefits if they are provided under a separate policy, certificate or contract of insurance and are Medicare supplemental health insurance (Medigap), TRICARE supplemental programs or “similar supplemental coverage” provided to coverage under a Group Health Plan. Although not specifically defined, “similar supplemental coverage” provided to coverage under a Group Health Plan would include the coverage specifically designed to fill gaps in primary coverage, such as coinsurance or deductibles. See §2791(c)(4) of the PHS Act, §733(c)(4) of ERISA, and

§9832(c)(4) of the IRC.

- 40.1.5 A government funded program other than above referenced programs in §21.1 of this Policy:
1. Whose principal purpose is other than providing or paying the cost of, Health Care; or
 2. Whose principal activity is:
 - the direct provision of health care to persons; or
 - the making of grants to fund the direct provision of Health Care to persons.

41. **HHS** stands for the Department of Health and Human Services.
42. **HIPAA** refers to the Health Insurance Portability and Accountability Act (HIPAA) which was passed in 1996 as part of Congressional Response to the breach of confidentiality of Individuals protected health information.
43. **HITECH** refers to the Health Information Technology for Economic and Clinical Health.
44. **Human Subjects Regulations** means regulations in 45 CFR 46 (Protection of Human Subjects) referring to all Research involving human subjects conducted, supported, or otherwise subject to regulation by any federal department or agency that takes appropriate administrative action to make the policy applicable to the research. This includes Research conducted by federal civilian employees or military personnel, except each department or agency head may adopt procedural modifications as may be appropriate from an administrative standpoint. It also includes Research conducted, supported, or otherwise subject to regulation by the federal government outside the United States. For additional information and illustrations concerning Human Subjects Research regulations, please see: <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.201>.
45. **Hybrid Entity** means a single legal entity that is a Covered Entity and whose Covered Functions are not its primary functions.
46. **Implementation Specification** means the specific requirements or instructions for implementing a Standard.
47. **Individual** (for the purpose of these Privacy and IS policies) means the person who is the subject of PHI who is receiving or has received services from a Covered Entity that receives Payment from or through SBH-ASO. An individual has the right of access to inspect and obtain a copy of their PHI maintained in a designated record set, excluding Psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

48. **Individually Identifiable Health Information** is information that is a subset of Health Information, including demographic information collected from an Individual, and:
1. Is created or received by a Health Care Provider, Health Plan, employer, or Health Care Clearinghouse; and
 2. Relates to the past, present, or future physical or behavioral health or condition of an Individual; the provision of Health Care to an Individual; or the past, present, or future payment for the provision of Health Care to an Individual; and
 - That identifies the Individual; or
 - With respect to which there is a reasonable basis to believe the information can be used to identify the Individual.
49. **Institutional Review Board or IRB** means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to ensure the protection of the rights and welfare of human research subjects.
50. **Law Enforcement Official** means an officer or employee of any agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, who is empowered by law to: (a) investigate or conduct an official inquiry into a potential violation of law; or (b) prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.
51. **Limited Data Set** means PHI that excludes 16 categories of direct identifiers related to the Individual or relatives, employers, or household members of the Individual and may be used or disclosed, only for purposes of Research, public health, or Health Care Operations, without obtaining either an Individual's authorization or a waiver or an alteration of authorization, as long as the recipient of the Limited Data Set enters into a Data Use Agreement. A Limited Data Set may include city; state; zip code; elements of date; and other numbers, characteristics, or codes not listed as direct identifiers. To constitute a Limited Data Set, the following direct identifiers of an Individual and the Individual's relatives, employers, or household members must be removed:
- 51.0 Names;
 - 51.1 Postal addresses other than town/city, State, and zip code;
 - 51.2 Telephone numbers;
 - 51.3 Fax numbers;
 - 51.4 Email addresses;
 - 51.5 Social Security numbers;

- 51.6 Medical record numbers;
- 51.7 Health plan beneficiary numbers;
- 51.8 Account numbers;
- 51.9 Certificate/license numbers;
- 51.10 Vehicle identifiers and serial numbers, including license plate numbers;
- 51.11 Device identifiers and serial numbers;
- 51.12 Web Universal Resource Locators (URLs);
- 51.13 Internet Protocol (IP) address numbers;
- 51.14 Biometric identifiers, including finger and voice prints; and
- 51.15 Full-face photographic images and any comparable images.

NOTE: that dates, town/cities, states, and zip codes may be included in a Limited Data Set.

52. **Maintain or Maintenance** refers to activities necessary to support the use of a Standard adopted by the Secretary, including technical corrections to an Implementation Specification, and enhancements or expansion of a Code Set. This term excludes the activities related to the adoption of a new Standard or Implementation Specification, or Modification to an adopted Standard or Implementation Specification.
53. **Marketing** means a communication about a product or service that encourages a recipient of the communication to use the product or service.
- 53.0 **Included as Marketing.** Marketing includes an arrangement between a Covered Entity and any other entity whereby the Covered Entity discloses PHI to the other entity, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.
- 53.1 **Exceptions.** Marketing does not include a communication made:
- 53.1.1 To provide refill reminders or otherwise communicate about a drug or biologic currently being prescribed for the Individual, only if any Financial Remuneration received by the Covered Entity in exchange for making the communication is reasonably related to the Covered Entity's cost of making the communication. See Section 13 of this policy (definition of Financial Remuneration).
 - 53.1.2 For the following Treatment and Health Care Operations purposes, as long as the Covered Entity does not receive (see Section 13 of this policy (definition of Financial Remuneration) Financial Remuneration in exchange for making the communication:
 - 1. For Treatment of an Individual by a Health Care Provider, including case management or care coordination for the Individual or to direct or recommend alternative treatments,

therapies, Health Care Providers, or settings of care to the Individual;

2. For service (or Payment for the product or service) that is provided by, or included in a plan of benefits of, the Covered Entity making the communication, including communications about:
 - the entities participating in a Health Care Provider network or Health Plan network;
 - replacement of, or enhancements to, a Health Plan; and
 - health related products or services available only to a Health Plan enrollee that add value to, but are not part of, a plan of benefits; or
3. For case management or care coordination, contacting of Individuals with information about Treatment alternatives, and related functions to the extent these activities do not fall within the definition of Treatment.

54. **Maximum Defined Data Set** means all of the required Data Elements for a particular Standard based on a specific Implementation Specification.

55. **Mental Health Information** means a type of Health Care information that relates to all information and records compiled, obtained, or maintained in the course of providing services by a mental health service agency or mental health professional to Individuals who are receiving or have received services for mental illness. The term includes mental health information contained in a medical bill, registration records and all other records regarding the Individual maintained by Washington State, regional support networks and their staff and treatment facilities. The term further includes certain documents of legal proceedings or somatic health care information. For Health Care information maintained by a hospital or a health care facility or Health Care Provider that participates with a hospital in an Organized Health Care Arrangement, "information and records related to mental health services" is limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated community mental health program. The term does not include Psychotherapy Notes.

56. **Part 2 Information** means any records containing information, whether recorded or not, received or acquired by a Part 2 Program that identifies an Individual as a recipient of services from a Part 2 Program. (e.g., diagnosis, Treatment and referral for Treatment information, billing information, emails, voice mails, and texts). Essentially, Part 2 Information will state or suggest the Individual has a Substance Use Disorder (SUD) or has been treated by a Part 2 Program.

57. **Part 2 Program** means a federally assisted program engaged in the provision of SUD diagnosis, treatment, or referral for treatment.
58. **Part 2** means those regulations at 42 CFR Part 2 related to the confidentiality of substance abuse disorder treatment information.
59. **Payment** means:
- 59.0 **To Make or Receive Reimbursement.** The activities undertaken by:
- 59.0.1 A Health Plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Health Plan; or
 - 59.0.2 A covered Health Care Provider or Health Plan to obtain or provide reimbursement for the provision of Health Care; and
- 59.1 **Included Activities.** The activities in Section 59.0 relate to the Individual to whom Health Care is provided and include, but are not limited to:
- 59.1.1 Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
 - 59.1.2 Risk adjusting amounts due based on Individual health status and demographic characteristics;
 - 59.1.3 Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance) and related Health Care data processing;
 - 59.1.4 Review of Health Care services with respect to medical necessity, coverage under a Health Plan, appropriateness of care, or justification of charges;
 - 59.1.5 Utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective review of services; and
 - 59.1.6 Disclosure to Individual reporting agencies of any of the following PHI relating to collection of premiums or reimbursement:
 - 1. Name and address;
 - 2. Date of birth;
 - 3. Social security number;
 - 4. Payment history;
 - 5. Account number; and
 - 6. Name and address of the Health Care Provider and/or Health Plan.
60. **Power of Attorney** means a written record that grants an agent authority to act in the place of a principal or Individual.

61. **Privacy Board** means a board with members of varying backgrounds and appropriate professional competency as necessary to review the effect of the Research protocol on the Individual's privacy rights and related interests. The Privacy Board includes at least one (1) member who is not affiliated with a Covered Entity, not affiliated with any entity conducting or sponsoring the Research and not related to any person who is affiliated with any of these entities; and does not have any member participating in a review of any project in which the member has a conflict of interest.
62. **Privacy Notice** the notice of privacy practices relating to SBH-ASO's use and disclosure of PHI that is mandated under HIPAA and 42 CFR Part 2 regulations for distribution to all Individuals whose information will be collected by or on behalf of SBH-ASO.
63. **Privacy Officer** means the Workforce member designated as the Privacy Officer or his or her designee. The Privacy Officer may delegate certain tasks to other Workforce or Business Associates but retains overall responsibility for SBH-ASO's privacy policies, procedures and practices.
64. **Privacy Rule** means the Privacy of Individually Identifiable Health Information Standards promulgated to implement HIPAA, as may be amended from time to time.
65. **Protected Health Information or PHI** means Health Information, including demographic information, in any medium, that:
1. is created or received by or on behalf of a Covered Entity, a Business Associate, or by or on behalf of Health Care Provider, Health Plan, employer, or Health Care Clearinghouse;
 2. relates to the past, present, or future physical or mental health or condition of an Individual, relates to the provision of Health Care to an Individual, or relates to the past, present, or future payment for the provision of Health Care to an Individual; and
 3. identifies the Individual or for which there is a reasonable basis to believe the information can be used to identify the Individual; and
 4. does not constitute
 - education records covered by the Family Educational Rights and Privacy Act ("FERPA"),
 - "treatment" records covered by FERPA,
 - employment records, or
 - information about an Individual who has been deceased for more than 50 years. PHI includes information about Individuals living or deceased.

NOTE: The following identifiers for an Individual or family, employers, or household members of an Individual (for example, when the information

identifies an Individual as a patient of a Health Care Provider or a participant of a Health Plan) are considered personally identifiable information (unless the information is deemed to be De-Identified). This information can be used to identify, contact, or locate a single Individual or can be used with other sources to identify a single Individual. When personally identifiable information is used in conjunction with an Individual's physical or mental health or condition, Health Care, or Payment for that Health Care, it becomes PHI.

1. Name;
 2. Address (all geographic subdivisions smaller than state, including street address, city county, and zip code);
 3. All elements (except years) of dates related to an Individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89);
 4. Telephone numbers;
 5. Fax number;
 6. Email address;
 7. Social Security number;
 8. Medical record number;
 9. Health Plan beneficiary number;
 10. Account number;
 11. Certificate or license number;
 12. Any vehicle or other device serial number;
 13. Web URL;
 14. Internet Protocol (IP) Address;
 15. Biometric identifiers, including finger or voice prints;
 16. Photographic facial image or comparable images;
 17. Deoxyribonucleic acid or DNA; and
 18. Any other unique identifying number, characteristic, code or combination that allows identification of the Individual.
66. **Psychotherapy Notes** means notes recorded (in any medium) by a Health Care Provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy Notes must be separated from the Individual's medical record. Psychotherapy Notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of Treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the Treatment plan, symptoms, prognosis, and progress to date. PHI is broadly defined and includes demographic information about an Individual when associated in some form with Health Care or Payment for Health Care. PHI includes Part 2 Information, mental health information, and sexually transmitted disease information.

67. **Public Health Authority** means an agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.
68. **Record** any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a Covered Entity.
69. **Required by Law** means a mandate contained in law that compels SBH-ASO or a Workforce member to make a use or disclosure of PHI and that is enforceable in a court of law. "Required by Law" includes, but is not limited to: court orders and court-ordered warrants; subpoenas or a summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to Health Care Providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require PHI if payment is sought under a government program providing public benefits.
70. **Research** means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
71. **Sale of PHI** means a disclosure of PHI by a Covered Entity or Business Associate when the Covered Entity or Business Associate directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, subject to the following exceptions:
- 71.0 For **public health** purposes;
 - 71.1 For **Research** purposes, where the only remuneration received by the Covered Entity or Business Associate is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for those purposes;
 - 71.2 For **Treatment** purposes;
 - 71.3 For **Payment** purposes;
 - 71.4 For the **sale**, transfer, merger, or consolidation of all or part of the Covered Entity and related due diligence;
 - 71.5 To or by a **Business Associate** for activities the Business Associate undertakes on behalf of a Covered Entity, or on behalf of a Business Associate in the case of a Subcontractor and the only remuneration provided is for the performance of the activities;
 - 71.6 To an **Individual** for access to records or to receive an accounting of disclosures;
 - 71.7 **Required by Law**; and

- 71.8 For any other purpose permitted by and in accordance with the applicable **requirements of the HIPAA Privacy Rule**, when the only remuneration received by the Covered Entity or Business Associate is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for that purpose or a fee otherwise expressly permitted by other law.
72. **Security Incident** means the attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an information system.
73. **Segment** means a group of related Data Elements in a Transaction.
74. **Standard** means a rule, condition, or requirement:
1. Describing the following information for products, systems, services, or practices:
 - Classification of components;
 - Specification of materials, performance, or operations; or
 - Delineation of procedures; or
 2. With respect to the privacy of protected health information, **Secretary** means the Secretary of Health and Human Services or any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.
75. **Standard Setting Organization** (SSO) means an organization accredited by the American National Standards Institute that develops and maintains standards for information transactions or Data Elements, or any other Standard that is necessary for, or will facilitate the implementation of 45 CFR 160.103.
76. **Standard Transaction** means a Transaction that complies with the applicable Standard under 45 CFR 162.103.
77. **State** refers to one of the following:
1. For Health Plans established or regulated by Federal law, State has the meaning set forth in the applicable section of the United States Code for each Health Plan.
 2. For all other purposes, State means Washington State.
78. **State Law** means a constitution, statute, regulation, rule, common law, or other state action having the force and effect of law. This generally refers to laws of the State of Washington.
79. **Subcontractor** means a person to whom a Business Associate delegates a function, activity, or service, other than in the capacity of a member of the Workforce of the Business Associate. Subcontractors may include outside

consultants, contractors, suppliers, and vendors. Subcontractors may become Business Associates if they create, receive, maintain, or transmit PHI on behalf of the Business Associate. See Section 3 of this policy (definition of Business Associate).

80. **Summary Health Information** means information, that may be Individually Identifiable Health Information, and:
1. That summarizes the claims history, claims expenses, or type of claims experienced by Individuals for whom a plan sponsor has provided health benefits under a Group Health Plan; and
 2. From which the information described at 45 CFR 164.514(b)(2)(i) has been deleted, except that the geographic information described in 45 CFR 164.514(b)(2)(i)(B) need only be aggregated to the level of a five-digit zip code.
81. **Trading Partner Agreement** means an agreement related to the exchange of information in electronic transactions, whether the agreement is distinct or part of a larger agreement, between each party to the agreement. (For example, a trading partner agreement may specify, among other things, the duties and responsibilities of each party to the agreement in conducting a Standard Transaction.)
82. **Transaction** means an electronic exchange of information between two (2) parties to carry out financial or administrative activities related to Health Care. For example, a Health Care Provider will send a claim to a Health Plan to request payment for medical services. Electronic transactions are being used in health care to increase efficiencies in operations, improve the quality and accuracy of information and reduce the overall costs to the system. It includes the following types of information transmissions:
- 82.0 Claims submission and encounter information;
 - 82.1 Payment to a Health Care Provider and remittance advice;
 - 82.2 Health Care Claim status;
 - 82.3 Eligibility;
 - 82.4 Enrollment and disenrollment in a Health Plan;
 - 82.5 Referral certification and authorization;
 - 82.6 Coordination of benefits;
 - 82.7 Premium payment to Health Plans;
 - 82.8 Health Care electronic funds transfer (“EFT”) and remittance advice;
 - 82.9 First report of injury;
 - 82.10 Health claims attachments; and
 - 82.11 Other transactions the Secretary of the Department of Health and Human Services (DHHS) may prescribe by regulation.
83. **Treatment** (for the purposes of the Privacy and IS Policies) means the provision, coordination, or management of Health Care and related services by

one (1) or more Health Care Providers, including: the coordination or management of Health Care by a Health Care Provider with a third-party; consultation between Health Care Providers relating to an Individual; or the referral of a patient for Health Care from one (1) Health Care Provider to another.

84. **Unsecured PHI** means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by HIPAA.
85. **Use** means, with respect to PHI, the sharing, employment, application, utilization, examination, or analysis of PHI within an entity that maintains the PHI.
86. **Vulnerable Adult** (for the purposes of the Privacy and IS Policies) includes a person: (a) sixty (60) years of age or older who has the functional, mental, or physical inability to care for himself or herself; (b) found incapacitated; (c) who has a developmental disability; (d) admitted to any facility; (e) receiving services from home health, hospice, or home care agencies; (f) receiving services from an individual Health Care Provider; or (g) who self-directs his or her own care and receives services from a personal aide.
87. **Workforce** means employees, volunteers, trainees and other persons whose conduct, in the performance of work for SBH-ASO, is under the direct control of SBH-ASO, whether or not they are paid by SBH-ASO.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CONFIDENTIALITY, USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION **Policy Number:** PS902

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To establish standards for confidentiality, use, and disclosure of Protected Health Information (PHI).

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) adheres to federal and state statutes, all requirements of the Health Insurance Portability and Accountability Act (HIPAA) confidentiality and use/disclosure of protected health information, and 42 CFR Part 2.

PROCEDURE

Confidentiality

The SBH-ASO shall protect all personal information, records, and data from unauthorized disclosure in accordance with 42 CFR §431.300 through §431.307, RCW 70.02, 71.05, and 71.24, and for individuals receiving substance use disorder treatment services, in accordance with 42 CFR Part 2. The SBH-ASO shall have a process in place to ensure that all components of its provider network and system understand and comply with confidentiality requirements for publicly funded behavioral health services. This is also construed to include protected health information and records compiled, obtained, or maintained relating to complaint or grievance investigation as confidential and disclosed only as authorized or otherwise provided by law. Pursuant to 42 CFR §431.301 and §431.302, personal information concerning applicants and recipients may be disclosed for purposes directly connected with the administration of the HCA BH-ASO Contract. Such purposes include, but are not limited to:

- Establishing eligibility.

- Determining the amount of medical assistance.
- Providing services for recipients.
- Conducting or assisting in investigation, prosecution, or civil or criminal proceedings related to the administration of the State Medicaid Plan.
- Assuring compliance with Federal and State laws and regulations, and with terms and requirements of the Agreement.
- Improving quality.

SBH-ASO employees are responsible to use reasonable efforts to safeguard an individual's protected health information and maintain confidentiality of such information. Any document, record, or other written material containing individually identifiable health information is not left unattended and/or unsecured in the SBH-ASO office. All employees read and sign the SBH-ASO Confidentiality and Security Agreement.

If PHI must be transported to or from the SBH-ASO site, the following guidelines must be followed:

Transporting Paper PHI From/To Off-Site SBH-ASO site

1. Only transport the minimum amount of PHI necessary.
2. All PHI must be in a separate locked container and the container must be transported in the locked vehicle, preferably out of sight such as in the trunk.
3. Never leave PHI (including portable media devices) unattended, including in your vehicle.
4. Maintain a log of files or documents that are leaving the SBH-ASO site. When you arrive at the off-site clinic, immediately make sure all the files you listed on the log are in your possession. The log of files or documents must either remain with the locked PHI contents or must be listed without any identifiable PHI.

The SBH-ASO shall (and require its subcontractors and providers to do so) establish and implement procedures consistent with all confidentiality requirements of HIPAA (45 CFR §160 and §164) and 42 CFR Part 2 for medical records and any other health and enrollment information that identifies a particular individual.

In the event an individual's picture or personal story will be used, the SBH-ASO shall first obtain written consent from the individual.

The SBH-ASO shall prevent inappropriate access to confidential data and/or data systems used to hold confidential client information by taking, at a minimum, the following actions:

- Verify the identity or authenticate all of the system's human users before allowing them access to any confidential data or data system capabilities.
- Authorize all user access to client applications.
- Protect application data from unauthorized use when at rest.
- Keep any sensitive data or communications private from unauthorized individuals and programs.
- Notify prism.admin@dshs.wa.gov with a copy to hcamcprograms@hca.wa.gov within five (5) business days whenever an authorized user with access rights leave employment or has a change of duties such that the user no longer requires access. If the removal of access is emergent, include that information

with the notification.

- In the event of a Breach of unsecured PHI or disclosure that compromises the privacy or security of PHI obtained from any state data system, the SBH-ASO shall comply with all requirements of the HIPAA Security and Privacy for Breach Notification and as otherwise required by state or federal law and applicable contract.
- The SBH-ASO takes steps to ensure a valid mailing address with all postal mail. Even so, the post office sometimes returns mail marked “undeliverable”, or unclaimed. This returned mail needs to be handled carefully. Reasonable efforts will be used to review and ensure the accuracy of the original address. If an error is found, or an updated address has been provided, the item will be re-sent as soon as possible using the corrected address. If there is no correction or updated address information is not available, the returned mail item will be submitted for record retention processing.

Restricted Uses and Disclosures as mandated by 42 CFR Part 2

SBH-ASO recognizes the purpose and effect of 42 CFR Part 2 to ensure that a patient is not more vulnerable by reason of the availability of the record that the patient receives treatment for substance use disorder. Any treatment information, whether or not recorded, and any information which references the patient as having a substance use disorder cannot be disclosed unless expressly authorized by 42 CFR Part 2.

Consultation with SBH-ASO Privacy Officer is strongly encouraged.

42 CFR Part 2 Information/Substance Use Disorder Information

Federal regulations governing the confidentiality of Part 2 Information generally are more restrictive than HIPAA and should be followed when any Part 2 Information is requested for use or disclosure. A fundamental concept of protecting Part 2 Information is not identifying the Individual as having a diagnosis or having received Treatment concerning substance use disorder (SUD). Part 2 applies to Part 2 Programs. SBH-ASO is not a Part 2 Program.

Individuals routinely authorize Part 2 Programs to disclose Part 2 Information to SBH-ASO for Payment, Health Care Operations and other purposes. As a result, SBH-ASO is a lawful holder of Part 2 Information, subject to various Part 2 requirements.

Therefore, SBH-ASO will comply with Part 2, as applicable. Workforce members must obtain a specific authorization for each disclosure of Part 2 Information concerning an Individual, EXCEPT:

Internal Program Communication. Workforce members may disclose Part 2 Information to other Workforce members or to an entity having direct administrative control over SBH-ASO, if the recipient needs the information in connection with the provision of substance abuse disorder diagnosis, Treatment, or referral for Treatment.

Medical Emergencies. Workforce members may disclose Part 2 Information to medical personnel who have a need for the Part 2 Information about an Individual for the purpose of treating a condition that poses an immediate threat to the health of any

person and requires immediate medical intervention. Workforce members may disclose Part 2 Information only to medical personnel and must limit the amount of Part 2 Information to that which is necessary to treat the emergency medical condition. Immediately following the disclosure, Workforce members must document the following in the Individual's records:

- The name and affiliation of the medical personnel to whom disclosure was made;
- The name of the individual making the disclosure;
- The date and time of the disclosure; and
- The nature of the emergency

Court Order. Before a court may issue an order authorizing disclosure of Part 2 Information, SBH-ASO and any Individual whose records are sought must be given notice of the request for the court order and an opportunity to make an oral or written statement to the court. Before issuing the order, the court must also find there is "good cause" for the disclosure. Court-ordered disclosures must be limited to the Part 2 Information essential to fulfill the purpose of the order and they must be restricted to those persons who need the Part 2 Information. Typically, court orders will state they are "protective orders," "qualified protective orders," or "orders under seal." Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes. If the order is sought by an authorized Law Enforcement Official or prosecuting attorney, the following criteria must be met:

- The crime involved must be serious, such as one which causes or directly threatens loss of life or serious bodily injury including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.
- There is a reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.
- Other ways of obtaining the information are not available or would not be effective.
- The potential injury to the patient, to the physician-patient relationship and to the ability of the part 2 program to provide services to other patients is outweighed by the public interest and the need for the disclosure.
- When law enforcement personnel seek the order, the Part 2 Program has had an opportunity to be represented by counsel.

Subpoenas. Workforce members are prohibited from disclosing PHI about Individuals in response to subpoenas unless:

- The Individual has signed a valid authorization for the disclosure of the PHI, specifically including Part 2 Information; or
- A court has ordered SBH-ASO to disclose or release the PHI after giving the Individual and SBH-ASO an opportunity to be heard and after making a "good cause" determination. Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes.

Crime on Premises. Workforce members may disclose limited information to Law Enforcement Officials when a crime has been committed on the premises of a Part 2 Program or against Part 2 Program personnel. These disclosures must be directly related to crimes and threats to commit crimes on SBH-ASO premises or against SBH-ASO Workforce and must be limited to the circumstances of the incident and the Individual's status, name, address and last known whereabouts. Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes.

Research Purposes. Under this exception, Workforce may disclose Part 2 Information to researchers the Privacy Officer determines are qualified. A qualified researcher must have adequate training and experience in the area of research to be conducted and must have a protocol that ensures Part 2 Information will be securely stored and not re-disclosed in violation of law. Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for these purposes.

Audits. Workforce shall obtain the advance approval of the Privacy Officer before disclosing Part 2 Information for audit purposes and will follow protocol set out by the Privacy Officer with respect to the audit.

As long as Part 2 Information is **not** downloaded, copied, or removed from the premises or forwarded electronically to another electronic system or device, Workforce members and Part 2 Programs may disclose Part 2 Information in the course of record review on the premises to a government agency that funds or regulates a Part 2 Program, or other lawful holder, or a third-party payor, or a quality improvement organization (or its designated contractors) that request access to the records of a Part 2 Program or lawful holder.

Part 2 Information may be copied or removed from the premises or downloaded or forwarded electronically to another electronic system or device in the course of record review on the premises to a government agency that funds or regulates a Part 2 Program, or other lawful holder, or a third-party payor, or a quality improvement organization (or its designated contractors) that request access to the records of a Part 2 Program or lawful holder only if the auditor agrees in writing to:

- maintain and destroy the Part 2 Information in a manner consistent with Part 2;
- retain Part 2 Information in compliance with applicable federal, state, and local record retention laws;
- and comply with the Part 2 restrictions on use and disclosure of Part 2 Information.

Part 2 Information may be disclosed to a person or entity for the purpose of conducting a Medicare, Medicaid, or CHIP audit or evaluation.

Abuse and Threats to Health and Safety. Workforce members may and are encouraged to, disclose Part 2 Information when the Part 2 Program is reporting under State Law incidents of suspected child abuse and neglect to appropriate authorities. In this case, SBH-ASO may make only an initial report; SBH-ASO may not respond to follow-up requests for information or to subpoenas, unless the Individual has signed an Authorization, or a court has issued an order that complies with the Part 2 Rule. Additionally, SBH-ASO may report Part 2 Information to relevant authorities the abuse

of Vulnerable Adults on an anonymous basis if it determines it is important to report elder abuse, disabled person abuse, or a threat to someone's health or safety. Health Care Providers are mandatory reporters.

Review of Part 2 Disclosures. Any PHI disclosed without the consent and/or authorization of an Individual in a Part 2 Program may be made only in consultation with the Privacy Officer. If SBH-ASO receives a request for disclosure of an Individual's record that is not permitted under Part 2, SBH-ASO will refuse to make the disclosure and will make the refusal in a way that does not reveal or identify the Individual has ever been diagnosed or treated for SUD.

Use and Disclosure: Valid Authorization Required

The fact of admission and all information and records compiled, obtained, or maintained in the course of providing behavioral health services by public or private agencies shall be confidential except as otherwise required or permitted by federal or state statute and regulations.

1. Valid Authorization

Protected health information will be disclosed to other individuals designated in a valid authorization. To be valid, the authorization must include, but not limited to, the following elements:

- a. The name of the Individual
- b. The specific name(s) or general designations of the part 2 program(s), entity(ies), or individual(s) permitted to make the disclosure.
- c. The name(s) of the individual(s) to whom a disclosure is to be made; or
 - a. If the recipient entity has a treating provider relationship with the individual whose information is being disclosed, such as a hospital, a health care clinic, or a private practice, the name of that entity; or
 - b. If the recipient entity does not have a treating provider relationship with the individual whose information is being disclosed and is a third-party payer, the name of the entity;
- d. The purpose of the disclosure. In accordance with §2.13(a), the disclosure must be limited to that information which is necessary to carry out the stated purpose.
- e. A statement that the consent is subject to revocation at any time except to the extent that the part 2 program or other lawful holder of patient identifying information that is permitted to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third-party payer.
- f. The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is provided.
- g. The signature of the patient and, when required for a patient who is a minor, the signature of an individual authorized to give consent under 42

CFR §2.14; or when required for a patient who is incompetent or deceased, the signature of an individual authorized to sign under 42 CFR §2.15. Electronic signatures are permitted to the extent that they are not prohibited by any applicable law.

- h. The date on which the consent was signed.
- i. In addition to the Core Elements listed above, the authorization must contain statements adequate to place the individual on notice of all of the following:
 - a. The ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
 - b. The potential for information disclosed pursuant to the authorization to be subject to redisclosure

Disclosures Not Requiring Authorization

1. Required disclosures

SBH-ASO is required to disclose protected health information:

- a. To the Individual upon that Individuals request when requested.
- b. When required by the Secretary of the U.S. Department of Human and Health Services to investigate or determine the agency's compliance with federal law.

2. **HIPAA Permitted Uses and Disclosures**

SBH-ASO is permitted to use or disclose protected health information, except 42 CFR Part 2 information for:

- a. Treatment, payment, and health care operations (TPO, see Policy PS901 for more information) of SBH-ASO as described:
 - *Treatment* activities may include, but not limited to, the provision, coordination, or management of mental health care and related services by one or more mental health care providers, including coordination or management activities with a third party; consultation between mental health providers; or referral of an Individual to another provider.
 - *Payment* activities may include, but not limited to, those undertaken by SBH-ASO to obtain premiums, or to determine or fulfill its responsibility for coverage and provisions of benefits or to obtain or provide reimbursement for the provision of care.
 - *Health Care Operations* may include, but not limited to, conducting quality assessment and improvement activities, reviewing competence of or qualifications of behavioral health professionals, evaluating provider and program performance, conducting or arranging for auditing functions, including fraud and abuse detection and compliance programs; business planning and development; business management and general administrative activities including,

but not limited to, customer service; and resolution of internal grievances.

- b. *Required by Law.* SBH-ASO may use and disclose Protected Health Information without individual authorization *as required by law* (including by statute, regulation, or court orders).
- c. *Public Health Activities.* SBH-ASO may disclose PHI to:
 - i. Public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect;
 - ii. Entities subject to FDA regulation regarding FDA regulated products or activities;
 - iii. Individuals who may have contracted or been exposed to communicable disease when notification is authorized by law; and
 - iv. employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law.
- d. *Victims of Abuse, Neglect or Domestic Violence.* Protected health information (PHI) may be disclosed about a mental health Individual that SBH-ASO staff or contracted providers reasonably believe to be a victim of abuse, neglect, or domestic violence to the appropriate government authority. Protected health information may be disclosed about a substance use disorder Individual that SBH-ASO staff or contracted providers reasonably believe to be a victim of child abuse or neglect.
- e. *Health Oversight Activities.* PHI, except 42 CFR Part 2 information, may be disclosed for purposes of health oversight activities such as audits, investigations, inspections, and licensure.
- f. *Judicial and Administrative Proceedings.* PHI may be disclosed to the courts as required for the administration of RCW 71.05, or pursuant to a valid authorization or court order authorizing the disclosure of information.
- g. *Law Enforcement Purposes.* SBH-ASO may disclose PHI to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions:
 - 1. As required by law;
 - a. To identify or locate a suspect, fugitive, material witness, or missing person;
 - b. In response to law enforcement official's request for

- information about a victim or suspected victim of a crime;
- c. To alert law enforcement of a person's death, if the SBH-ASO suspects that criminal activity caused the death
 - d. When the SBH-ASO believes that PHI is evidence of a crime that occurred on its premises; and
 - e. By a covered health care provider in a medical emergency not occurring on its premises when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
- h. *Research*: PHI may be disclosed to an individual, organization or agency as necessary for management or financial audits, or program monitoring and evaluation.
 - i. *Serious Threat to Health or Safety*. SBH-ASO may disclose PHI that is believed necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat.
 - j. *Essential Government Functions*. An authorization is not required to use or disclose PHI for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.
 - k. *Workers' Compensation*. PHI may be disclosed as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

Minimum Necessary

Uses and disclosures of protected health information are to consist of only the minimum necessary information required to fulfill the request and/or purpose of the use or disclosure.

1. "Minimum Necessary" applies:

When using or disclosing protected health information, or, when requesting protected health information from another covered entity, SBH-ASO must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

2. "Minimum Necessary" *does not* apply to:

- a. Disclosures to or requests by a health care provider for treatment.

- b. Uses or disclosures made to the individual.
- c. Disclosures pursuant to a properly formatted authorization for release of information.
- d. Uses or disclosures required for compliance with HIPAA Administrative Simplification Rules
- e. Disclosures made to the Secretary of Department of Health and Human Services is required under the Privacy Rule for enforcement purposes.
- f. Uses or disclosures that are required by other law

Other Uses and Disclosures

Additionally, SBH-ASO may use and disclose protected health information for the following purposes and as allowed:

1. De-Identified Protected Health Information

SBH-ASO may use protected health information to create information that is not individually identifiable health information (see Policy PS901 for more information) or disclose protected health information only to a business associate for such purpose, whether or not the de-identified information is to be used by SBH-ASO. Health information that meets the standard and implementation specifications for de-identification under this policy is considered not to be individually identifiable health information, i.e., de-identified.

2. Business Associates

(a) For information related to mental health services: The SBH-ASO may disclose protected health information to a business associate and may allow a business associate to create or receive protected health information on its behalf, if SBH-ASO obtains satisfactory assurance that the business associate will appropriately safeguard the information. SBH-ASO must document, through a written contract or other written agreement or arrangement, the satisfactory assurances that a business associate meets the standards of this policy with respect to protection of identifiable health information. This standard does not apply with respect to disclosures by SBH-ASO to a health care provider concerning the treatment of the individual.

Expanded Part 2 Content Requirements. When a Business Associate, which is providing Payment or Health Care Operations services SBH-ASO, will create, receive, maintain, or transmit Part 2 Information, the BAA also must provide the Business Associate:

- (a) Is fully bound by the provisions of Part 2 upon receipt of Part 2 Information; and
- (b) Receives from SBH-ASO one (1) of the two (2) following notices:

(1) This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder (SUD) either directly, by reference to publicly available information or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with SUD, except as provided at §§ 2.12(c)(5) and 2.65;

or

(2) 42 CFR Part 2 prohibits unauthorized disclosure of these records.

(c) Implements appropriate safeguards to prevent unauthorized uses and disclosures of Part 2 Information;

(d) Report any unauthorized uses, disclosures, or breaches of Part 2 Information to SBH-ASO; and

(e) Not re-disclose Part 2 Information to a third-party unless the third-party is a contract agent of the Business Associate helping the Business Associate provide services described in the services agreement and only if the agent only further discloses the Part 2 Information back to the Business Associate or to SBH-ASO.

(f) For information related to SUD services: The SBH-ASO must not disclose any identifying information about patients unless appropriate release of information is complete or exception is specified within 42 CFR Part 2.

3. Deceased Individuals

SBH-ASO must comply with the requirements of this policy, HIPAA, and 42 CFR Part 2 with respect to the protected health information of a deceased individual. If under applicable law, an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, SBH-ASO must treat such person as a personal representative under this policy, with respect to protected health information relevant to such personal representation.

4. Personal Representatives

As represented under HIPAA and 42 CFR Part 2, the SBH-ASO must treat a personal representative as the individual for purposes of this policy.

- a. **Adults and Emancipated Minors:** If under applicable law, a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, SBH-ASO must treat such person as a personal representative under this policy, with respect to protected health information relevant to such personal representation.

- b. Unemancipated Minors: If under applicable law a parent, guardian, or other person acting *in loco parentis* has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, SBH-ASO must treat such person as a personal representative under this policy, with respect to protected health information relevant to such personal representation, except that such person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to protected health information pertaining to a health care service, if:
- The minor consents to such health care service; no other consent to such health care service is required by law, regardless of whether the consent of another person has also been obtained; and the minor has not requested that such person be treated as the personal representative;
 - The minor may lawfully obtain such health care service without the consent of a parent, guardian, or other person acting *in loco parentis*, and the minor, a court, or another person authorized by law consents to such health care service; or
 - A parent, guardian, or other person acting *in loco parentis* assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.
- c. Abuse, Neglect, Endangerment Situations: Notwithstanding a state or federal law or any requirement of this paragraph to the contrary, SBH-ASO may elect not to treat a person as the personal representative of an Individual if SBH-ASO has reasonable belief that:
- The Individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 - Treating such person as the personal representative could endanger the individual and, SBH-ASO, in the exercise of professional judgment, decides that it is not in the best interest of the Individual to treat the person as the Individual's personal representative.
5. Consistent with Privacy Notice
- SBH-ASO is required by HIPAA regulation to have a notice in public view and available to Individuals that it may not use or disclose protected health information in a manner inconsistent with established regulation and policy.
6. HIPAA Disclosures by Whistleblowers and Workforce Member Crime Victims
- a. Disclosures by Whistleblowers: SBH-ASO is not considered to have violated the requirements of this policy if a member of its workforce or a business associate discloses protected health information, provided that:
- The workforce member or business associate believes in good faith that SBH-ASO has engaged in conduct that is unlawful or otherwise

violates professional or clinical standards, or that the care, services, or conditions provided by the covered entity potentially endangers one or more Individuals, workers, or the public; and the disclosure is to:

- A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of SBH-ASO or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the covered entity; or
 - An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the conduct described above.
- b. Disclosures by Workforce Members Who Are Victims of a Crime: SBH-ASO is not considered to have violated the requirements of this policy if a member of its workforce who is the victim of a criminal act discloses protected health information to a law enforcement official, provided that:
- The protected health information disclosed is about the suspected perpetrator of the criminal act; and
 - The protected health information disclosed is limited to the information listed in this policy as minimum necessary information.

Authority to Disclose Information

When questions arise concerning the authority to disclose information or the type of information to be disclosed, staff shall first consult with and obtain approval of the SBH-ASO Privacy Officer before releasing information.

Authentication of Requester

Prior to disclosure of any protected health information, even with authorization, authenticity of the requester must be established by means reasonably certain of verifying the authenticity of the requestor.

When presented with a valid authorization, check a document to verify the signature is similar to the Individual's signature. The requester will be required to present picture identification to ensure information is given to the person intended.

Accounting of Disclosures

When any disclosure of information or records is made, an entry must be promptly entered into the record to include the date and circumstances under which the disclosure was made, the names and relationships to the individual or agency receiving the information, the information disclosed, identification, and signature of the staff disclosing the information.



NOTICE OF PRIVACY PRACTICES

The following “Notice of Privacy Practices” contains important information about how your medical information is used and protected by the Salish Behavioral Health Administrative Services Organization (SBH-ASO).

The SBH-ASO maintains only a limited amount of medical information at its regional offices associated with your services and related billing information. Requests you might have for information associated with your services should be directed to the agency where you have accessed services.

This Privacy Notice is written and given to you to assist in understanding a law called the Health Insurance Portability and Accountability Act (HIPAA), and includes the following information:

- **Section 1** of the Notice of Privacy Practices tells about the responsibilities that the SBH-ASO has about keeping your medical information private and giving you a copy of the notice.
- **Section 2** of the Notice of Privacy Practices explains your rights about your medical information.
- **Section 3** explains how the SBH-ASO may use or share your medical information.
- **Section 4** explains how you may ask for help to understand your rights or to complain about privacy practices.

Please look at the Notice for more complete information.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) respects your privacy. We understand that your medical information is very sensitive. We will not disclose your medical information to others unless you allow us to do so, or the law allows us to do so.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

1. **SBH-ASO DUTIES**

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice upon your request; and
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the top right-hand corner, the effective date. A copy of the current notice will be posted in our office and at the offices of our contracted providers. You may also receive the most recent copy of this notice by calling and asking for it or visiting our office to pick one up.

2. **YOUR MEDICAL INFORMATION RIGHTS**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by us in order to inspect and request copies of the records. You may also request a copy of your medical records in electronic form, if readily available. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any records requested.
- **Right to Amend:** If you believe the medical information we maintain about you is incorrect or incomplete, you have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- **Right to an Accounting of Disclosures:** Upon written request to the Privacy Officer at our office, you may obtain an accounting of certain disclosures of medical information made by us after January 1, 2020. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we have on record at SBH-ASO. You also have the right to restrict disclosure of PHI to a health plan where the disclosure purpose is for payment of health care operations and the PHI pertains solely to the health care item of service for which the health care provider involved has been paid out of pocket. To request restrictions, you must make your request in writing to the Privacy Officer at our office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at our office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice of Privacy Practices (“Notice”). You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at any of our contracted providers.

To obtain a paper copy of this notice, contact the Ombuds Service or Privacy Officer at our office as listed below.

3. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose medical information about you without your written authorization for certain purposes, except as otherwise described in this Notice. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

- **For Treatment:** Though we do not provide treatment directly, we may disclose medical information about you that your health care provider requests to help them with your medical treatment or services. For example, we may disclose treatment summaries that are sent to our office to a health care provider who is involved with your care.
- **For Health Care Operations:** We may use and disclose medical information for operational purposes. For example, members of our staff routinely review records to assess quality and to improve the services provided to you.
- **For Payment:** We may use and disclose your medical information so that we can process payments for services provided to you. For example, when we request payment from the state, the state needs information such as your diagnoses, services performed or recommended care in order to authorize these payments.
- **Notifications:** We may disclose medical information about you to assist in disaster relief efforts.

- **Service Information:** We may use your medical information to inform you of treatment alternatives and/or health-related products or services that may be of interest to you and are provided by us, included in your plan of benefits or otherwise available to you.
- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.
- **Public Health:** We may disclose medical information about you for public health and safety activities as allowed or required by law.
- **About Victims of Abuse, Neglect or Domestic Violence:** We may disclose medical information when we believe that you may be a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Law Enforcement:** We will disclose medical information about you to law enforcement when allowed or required to do so by federal, state or local law.
- **Court Proceedings:** We may disclose medical information about you for court proceedings as allowed or required to do so by federal, state or local law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of SBH-ASO. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Research:** We may disclose your medical information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research protocol and established protocols to ensure the privacy of your medical information.
- **Special Government Functions:** We may release medical information about you to authorized federal officials, so they may provide protection to the President, other authorized persons or foreign heads of state, for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Business Associates:** Some or all of your protected health information may be subject to disclosure through contracts for services with business associates, outside of SBH-ASO. Examples include, but are not limited to, other health care entities, attorneys, shredding companies and transcription services. When these services are contracted, we may disclose your information to our business associate so that they can perform the job we've asked them

to do. We require all of our business associates to agree in writing and appropriately safeguard your information in accordance with HIPAA privacy and security standards.

- **For Children Under age 13:** Both parents, regardless of custody, have equal right to access and consent for the release of information. The only circumstance where a parent may lose this right is when there has been a formal termination of parental rights by a court of law (RCW 26.09.225) or if a court ordered parenting plan gives exclusive rights to one of the parents. A parent's right to access information may also be denied if access to the information places the minor at risk.
- **Guardians and Guardians ad litem:** Information may be shared with your Guardian or a Guardian ad litem as necessary to fulfill his/her court assigned duties as authorized by Court orders.
- **DCYF/CPS/APS:** If reporting possible abuse, information about the victim must be shared to facilitate the investigation.
- **Electronic Health Record Sharing:** Some records and information is available through a shared electronic medical record. This may include payor information, legal documents demographics, etc. All entities that participate are bound by the same HIPAA privacy and security standards as SBH-ASO.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

4. TO ASK FOR HELP OR COMPLAIN

If you have questions, want more information, or want to report a problem about the handling of your medical information, you may contact the Ombuds Service at 1-888-377-8174 or the Privacy Officer at 1-800-525-5637 or 360-337-7050.

If you believe your privacy rights have been violated, you may file a grievance with the Ombuds Service at BRIDGES Behavioral Health Ombuds Service, PO Box 3995, Silverdale WA 98383; or Privacy Officer at Salish Behavioral Health Administrative Services Organization, 614 Division Street MS-23, Port Orchard, WA 98366-4676. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

We respect your right to file a grievance with us or a complaint with the Secretary of Health and Human Services. If you choose to take this action, we will not retaliate against you.



CONFIDENTIALITY AND SECURITY AGREEMENT

The purpose of this Agreement is to help you understand your personal obligation regarding confidential information that you may have access to through your association with the SBH-ASO. Confidential information is valuable and sensitive and is protected by law and by strict SBH-ASO policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 require protection of confidential information contained within our information system. Inappropriate disclosure of client data may result in the imposition of fines up to \$250,000 and ten years imprisonment per incident.

Accordingly, as a condition of, and in consideration of, my access to confidential information, I will abide by the following:

- 1 I will not access confidential information for which I have no legitimate need to know and for which I am not an authorized user.
- 2 I will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information unless expressly permitted by existing policy except as properly approved in writing by an authorized officer of SBH-ASO within the scope of my association with SBH-ASO.
- 3 I will not utilize another user's password in order to access any system. I will not reveal my computer access code to anyone else unless I am able to confirm the legitimacy of the request and the requestors. If I believe that someone else has used my Login, User ID and/or password, I will immediately report the matter to my supervisor.
- 4 If I observe or have knowledge of unauthorized access or divulgence of confidential information, I will report it immediately to my supervisor.
- 5 I will not seek personal benefit or permit others to benefit personally by any confidential information that I may have access to or that I access as an unauthorized user.
- 6 I will respect the ownership of proprietary software and not operate any non-licensed software on any computer.
- 7 I understand that all information, regardless of the media on which its stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which it's moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of SBH-ASO and shall not be used inappropriately or for personal gain. I also understand that all electronic communication shall be monitored and subject to internal and external audit.
- 8 I agree to abide by all SBH-ASO rules and regulations as specified in SBH-ASO Policies unless specifically altered by a separate contractual agreement.
- 9 I understand that my failure to comply with this Agreement may result in disciplinary action, which might include, but is not limited to, contract termination, and/or loss of my privileges within SBH-ASO.

By signing this agreement, I acknowledge that SBH-ASO has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure of confidential information can result in penalties up to and including termination of employment and/or legal action.

Signature

Print Name/Agency

Date

Witness



AUTHORIZATION, CONSENT, AND RELEASE FOR USE AND DISCLOSURE OF CONFIDENTIAL RECORDS AND INFORMATION

Individual Receiving Services (“Individual”):

Full Name (First/Middle/Last): _____

Date of Birth (MMDDYYYY): _____

What: The health information about the Individual (“Health Information”) to be used and disclosed under this Release is general health information, follow-up discussions, and (**initial all lines and check all boxes that apply**):

____ Substance Use Disorder Treatment and Diagnosis Information

____ Mental Health Information

____ AIDS/HIV/Sexually Transmitted Disease Information

AND

- | | |
|--|--|
| <input type="checkbox"/> All Health Information Maintained | <input type="checkbox"/> Intake / Admission / Assessment Summaries |
| <input type="checkbox"/> Medication List or Profile | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> Allergies List | <input type="checkbox"/> Clinical Notes |
| <input type="checkbox"/> Crisis Plan/Safety Plan | <input type="checkbox"/> Diagnoses |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Separate Psychotherapy Notes |
| <input type="checkbox"/> Only Health Information for these dates - From: _____ To: _____ | |
| <input type="checkbox"/> Only Health Information about a specific condition (specify): _____ | |
| <input type="checkbox"/> Other (specify): _____ | |

From: I authorize the entity described below (“Disclosing Entity”) (check all that apply):

- Salish Behavioral Health Administrative Services Organization (Salish BH-ASO)
- The Individual’s Apple Health (Medicaid) Managed Care Plan
Name of Entity (Optional): _____
- The Individual’s Medicare Managed Care Plan
Name of Entity (Optional): _____
- The Individual’s Health Care Provider
Name of Entity (Optional): _____
- Other Disclosing Entity (Name or Designation): _____

To: To use and disclose Health Information to the following recipient (“Recipient”) (Check all that apply):

- Salish BH-ASO (See above contact information)
- The Individual’s Apple Health Plan (Name): _____
- The Individual’s Medicare Managed Care Plan (Name): _____
- The Individual’s Health Care Provider or other Health Plan (Name): _____
Address: _____



City, State, Zip: _____

Telephone Number: _____

A Designated Person (Name): _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Why: For the purpose of (check all that apply):

- As I requested
- For payment or coverage purposes
- For health care operations
- For care coordination/continuity of care
- To appeal a determination or to address a grievance
- For treatment purposes
- Other (specify purpose(s)): _____

I understand:

Redisclosure: If Recipient is not a health care provider or health plan, then the Health Information used and disclosed under this Release potentially may be shared or redisclosed by Recipient and may not be protected by federal or state privacy laws. When disclosing Health Information, Salish BH-ASO, if applicable, will send the attached notice with the Health Information. This notice informs Recipient that it is not allowed to disclose, without consent or authorization by or on behalf of the Individual, certain Health Information, such as certain information concerning substance use disorder, AIDS, or sexually transmitted disease.

Refusal to Sign: I may refuse to sign this Release. My refusal will not affect the Individual’s ability to receive treatment, payment for services, enrollment in a health plan, or eligibility for benefits. Health Information may be used and disclosed as permitted or required by law, even if I do not sign this Release.

Revocation: I have the right to revoke or take back this Release at any time, except to the extent that the Disclosing Entity already has taken action in reliance on this Release. I may take back or revoke this Release by contacting the Salish BH-ASO Privacy Officer. Generally, my revocation must be in writing, but a verbal revocation may be permitted for Health Information that involves certain substance use disorder information.

Expiration: Unless earlier revoked, this Release will expire or end on (date or event): _____

Authorization: I have read this Release and had an opportunity to have my questions answered. I willingly agree to this Release as, or on behalf of, the Individual:

Signature: _____ **Date:** _____

* * *

If signed by an authorized representative on behalf of the Individual, please complete the following and attach any legal documentation:



Authorized/Legal Representative (Full Name):

Authority to Act on behalf of the Individual (specify):

- Parent
- Legal Guardian
- Holder of a Health Care Power of Attorney
- Other (describe):

NOTICE TO RECIPIENT:

To the extent applicable:

42 CFR Part 2 prohibits unauthorized disclosure of these records

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of any sexually transmitted disease information without the specific written authorization of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of sexually transmitted disease information is NOT sufficient for this purpose.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PRIVACY ADMINISTRATIVE REQUIREMENTS FOR IMPLEMENTATION AND MAINTENANCE OF HIPAA AND 42 CFR Part 2

Policy Number: PS903

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To outline the obligations relating to the implementation and maintenance of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), including 45 CFR Parts 160, 162, 164, and 42 CFR Part 2.

POLICY

It is the policy of the Salish Behavioral Health Administrative Services Organization (SBH-ASO) that its workforce follows HIPAA of 1996/2003, HITECH of 2009, and current 42 CFR Part 2.

PROCEDURE

- 1. Personnel Designations:** SBH-ASO has documented designations of the following:

Privacy Officer: SBH-ASO has a designated individual to be the Privacy Officer, responsible for the development, implementation, and maintenance of SBH-ASO wide policies and procedures relating to the safeguarding of PHI. This individual is also responsible for receiving complaints relating to PHI and for providing information about SBH-ASO's privacy practices.

- 2. Training Requirements:** SBH-ASO must document the following training

actions:

Each new workforce member shall receive training on current HIPAA privacy regulations, HITECH regulations and 42 CFR Part 2 within a reasonable time after joining the workforce, and every year thereafter. Each workforce member, whose functions are impacted by a material change in the policies and procedures relating to PHI, or by a change in position or job description, must receive the training as described above within a reasonable time after the change becomes effective.

3. **Safeguards:** SBH-ASO has in place appropriate administrative, technical, and physical safeguards to reasonably safeguard PHI from intentional or unintentional unauthorized use or disclosure.
4. **Complaint Process:** SBH-ASO has in place a process for individuals to make complaints about the SBH-ASO's HIPAA, HITECH, and 42 CFR Part 2 policies and procedures and/or the entity's compliance with those policies and procedures and must document all complaints received and the disposition of each complaint.
5. **Disciplinary Action:** SBH-ASO will initiate disciplinary action against workforce members who fail to comply with HIPAA, HITECH, and 42 CFR Part 2 policies and procedures. (Note - there are exceptions for disclosures made by workforce members who qualify as whistleblowers or certain crime victims.)
6. **Mitigation Efforts Required:** SBH-ASO will mitigate, to the extent practical, any harmful effects of unauthorized uses or disclosures of PHI by SBH-ASO or any of its business associates.
7. **Intimidating or Retaliatory Acts and Waiver of Rights Prohibited:**

Prohibition on Intimidating or Retaliatory Acts: No employee of SBH-ASO shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise of their rights or participation in any process relating to HIPAA and 42 CFR Part 2 compliance, or against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA or 42 CFR Part 2 related investigation, compliance review, proceeding or hearing, or engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA or 42 CFR Part 2 regulations as long as the action does not involve disclosure of PHI in violation of the regulations.

Prohibition on Waiver of Rights: No employee of SBH-ASO shall require individuals to waive any of their rights under HIPAA or 42 CFR Part 2 as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits.

- 8. Policies and Procedures:** SBH-ASO will document the following actions relating to its policies and procedures:

Required Policies and Procedures: SBH-ASO has in place policies and procedures to assure appropriate safeguarding of PHI in its operations.

Changes to Policies and Procedures: SBH-ASO changes its policies and procedures as necessary and appropriate to conform to changes in law or regulation. SBH-ASO also may make changes to policies and procedures at other times as long as the policies and procedures are still in compliance with applicable law. Where necessary, SBH-ASO will make correlative changes in its Privacy Notice. SBH-ASO will not implement a change in policy or procedure prior to the effective date of the revised Privacy Notice.

- 9. Documentation Requirements:** SBH-ASO maintains the required policies and procedures in written or electronic form and will maintain written or electronic copies of all communications, actions, activities or designations as are required to be documented hereunder, or otherwise under the HIPAA or 42 CFR Part 2 regulations, for a period of ten years from the later of the date of creation or the last effective date.
- 10. Distribution of Privacy Notice:** SBH-ASO makes available Privacy Notices to all contracted providers of SBH-ASO for distribution to Individuals new to service. SBH-ASO will promptly revise and distribute its notice whenever there is a material change to the uses and disclosures, the Individual's rights, SBH-ASO's legal duties, or other privacy practices stated in the notice.



SALISH BH-ASO POLICIES AND PROCEDURES

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

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

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

Task	Staff Responsible	Comments	Frequency/ Due Date	Comments
provider staff are instructed in the confidentiality requirements				
Through the Monitoring Review process ensure continuous monitoring that the provider staff signed statement that acknowledges understanding of requirements in personnel records.	Privacy Officer	This is on the Monitoring Review Tool	On-going, annual reviews	
Assure all SBH-ASO staff have on file a signed statement that acknowledges understanding of requirements	Privacy Officer	Signed statements for each SBH-ASO staff person will be kept on file by the Privacy Officer.	Annually	
Provision of Training requirements	Privacy Officer	SBH-ASO staff is trained on the HIPAA privacy regulations.	Upon hire (w/in 90 days) and every year after	
Assure all staff who have received HIPAA training have signed a statement acknowledging the training	Privacy Officer	To be completed at the time of training and kept on file with signed statements that acknowledge understanding of requirements	Upon hire (w/in 90 days) and every year after	
Maintain Breach Log and submit to HHS secretary as required	Privacy Officer	Maintain a Breach Log of any violation of SBH-ASO Privacy Policy and/or any HIPAA/HITECH/42 CFR Part 2 breaches. Includes risk analysis for any identified breach and notification of the Secretary of HHS as required.	Ongoing maintenance. Annual reporting, or as required.	
Maintain a risk assessment that is updated regularly and as needed	Privacy Officer /Compliance Officer	Maintain a current risk assessment report to mitigate privacy, security and compliance issues. This report is reviewed regularly for changes to the process and updated as needed.	Annually and/or as needed.	
Creation and distribution of a privacy and/or security reminder newsletter/flyer	Privacy Officer	To be distributed via email and in routine meetings	Semiannually	

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

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



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PRIVACY TRAINING FOR AGENCY STAFF

Policy Number: PS904

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO), in an effort to ensure staff are knowledgeable with the Privacy Rules of Health Insurance Portability and Accountability Act's (HIPAA) Administrative Simplification provisions and 42 CFR Part 2, sets out in this policy to define requirements for training of the Privacy and Security Regulations of the law.

POLICY

SBH-ASO stores protected health information electronically and pays for services electronically so are considered a "covered entity" under HIPAA.

SBH-ASO requires all workforce to be trained on its policies, procedures, and practices for privacy, security, and breach response, including appropriate use and disclosure of Protected Health Information (PHI), facilitating rights of Individuals, and safeguarding PHI, as necessary and appropriate for workforce to carry out their functions.

PROCEDURE

1. **Training** – SBH-ASO shall provide or arrange for training of its workforce as necessary and appropriate to carry out their functions and to comply with HIPAA, 42 CFR Part 2, Washington Law, and applicable Business Associate Agreements.
2. **Timing of Training**
 - a. **Orientation** – As part of its orientation process or within a reasonable time after the workforce member is hired or otherwise begins providing services for SBH-ASO, the SBH-ASO through its Privacy Officer will train workforce members (including full- and part-time employees, interns and volunteers) in SBH-ASO privacy, security and breach policies, procedures and practices.

- b. **Changes to Privacy Practices** – Whenever there are material changes to SBH-ASO’s privacy policies, procedures and practices, the Privacy Officer will determine the workforce members affected by the changes and coordinate the training of those workforce members.
 - c. **Changes in Functions** – The Privacy Officer will determine and coordinate training for workforce members whose job functions change in a manner that requires additional training.
 - d. **Periodic Updates** – SBH-ASO will provide or arrange for refresher training on an annual basis.
3. **Targeted Training** – SBH-ASO will train workforce members in accordance with their role at the SBH-ASO and their functions with regards to PHI.
4. **Failure to Successfully Complete Training** – Workforce members who fail to fulfill their training obligations will be subject to disciplinary processes.
5. **Documentation** – All trainings will be documented as to content and attendance. Documentation shall be retained for at least ten (10) years and shall include:
 - a. Policies and procedures for workforce training.
 - b. Evidence that trainings were developed and presented to the workforce.
 - c. Attendance, dates and topics of training.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DESIGNATED RECORD SET

Policy Number: PS905

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

The Salish Behavioral Health Administrative Services Organization (SBH-ASO), in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions, 42 CFR Part 2, and Washington law, sets out, in this policy, the elements of the designated record set and the creation and maintenance of data sources that contain protected health information (PHI).

POLICY

The SBH-ASO shall identify categories of records maintained, collected, used, or disclosed by the SBH-ASO that contain PHI and are used (including in part) to make decisions about Individuals, including eligibility for benefits, payment, claims adjudication, authorizations, and case or medical management records maintained by or for the SBH-ASO.

This policy mandates that the SBH-ASO maintain accurate and complete records for each of our individuals so that they can exercise their rights to access, review, and amend their PHI maintained in a designated record set as required under HIPAA.

PROCEDURE

1. Designated Record Set

- A. **Scope** – The term “record” means any item, collection or grouping of information that includes PHI and is maintained, collected, used or disclosed by or for the SBH-ASO. The Designated Record Set is: (a) the medical and billing records about Individuals maintained by or for a covered Health Care Provider; (b) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a covered Health Plan; and (c) used in whole or in part, by or for the Covered Entity to make

- decisions about the Individual. The SBH-ASO, through its Privacy Officer, has created and will maintain a database that identifies all specific internal Designated Record Set components, the basic content, the location of the documentation, the contact person, and whether stored in electronic or paper form.
- B. **Database of Designated Record Sets** – All original components of the Designated Record Set will be maintained and stored at the SBH-ASO’s main office under the supervision of the Privacy Officer. The Privacy Officer (or his or her designee) will verify, as components are received, they are entered into the database.
 - C. **Database Search** – Requests by Individuals to have access to, amend or restrict will trigger a search of the database and will be noted in the database.
 - D. **Complete Database** –
 - i. If a workforce member is uncertain whether a certain document or piece of information belongs in the Designated Record Set, then the workforce member should contact the appropriate supervisor or the Privacy Officer for advice.
 - ii. If a workforce member believes there are documents in an Individual’s Designated Record Set that do not belong, then the workforce member should contact the appropriate supervisor or the Privacy Officer.
2. **Determination Process** – The documentation maintained by the SBH-ASO will be evaluated to determine those groups of records that should be categorized as Designated Record Sets. The defined process should provide that the following information is gathered about the evaluated records:
- A. Documentation type;
 - B. Basic content;
 - C. Location of the documentation;
 - D. Contact person;
 - E. Paper/Electronic documentation;
 - F. Whether the documentation contains PHI; and
 - G. Whether the documentation is used to make decisions about the Individual.
3. **Inclusion within Designated Record Set** – SBH-ASO will maintain the following items in a Designated Record Set:
- A. **Correspondence** – Any records generated by, or correspondence between, SBH-ASO workforce and the Individual or others involved in the Individual’s care;
 - B. **Authorization** – Authorizations for BH-ASO funded services or other written acknowledgements of the Individual’s eligibility for services;
 - C. **Applications** – Applications for Children’s Long-Term Inpatient Program (CLIP) services;
 - D. **Reconciliations** – Inpatient reconciliation of encounters;
 - E. **Encounter Records** – Records including dates, services rendered, name(s) of provider(s), coding, and other information used to determine services provided, funding allocation and reconciliation.

- F. **For Decisions** – Any other records or PHI used, in whole or in part, to make decisions about the Individual and case or medical management records maintained by or for the SBH-ASO.
 - G. **Payment** – Documents related to enrollment, payment, claims adjudication and case or medical management records.
 - H. **Grievances** – Documents necessary to determine resolutions with regards to grievances.
4. **Exclusion from Designated Record Set** – The Designated Record Set will not include:
- A. Education records governed by the Family Educational Rights Privacy Act (FERPA) and exempt from HIPAA
 - B. Psychotherapy notes
 - C. PHI exempted by the Clinical Lab Improvements Act (CLIA)
 - D. Information involved in civil, criminal, or administrative actions or records assembled in anticipation of a legal action
 - E. Information, which was created as part of a research study to which the patient has temporarily waived right to access
 - F. Health information that is not used to make decisions about the client
 - G. Quality improvement records
 - H. Risk management records including incident reports
 - I. Employment records held by the SBH-ASO in its role as employer
5. **Multiple Repositories** - PHI is kept in many forms throughout the SBH-ASO. Each of the existing repositories of PHI have been identified, documented, and approved for usage. It is our policy that any new need for creation of an additional repository of PHI must follow the same process. Unsanctioned maintenance of PHI in any form will lead to disciplinary action.
6. **Exemption for Routine Requests** – This policy does not apply to routine requests that do not involve clinical information, such as an Individual at registration requesting the update of contact information. A workforce member may handle routine requests informally by appropriately updating the information.
7. **Documentation** – Documentation relating to Designated Record Sets shall be retained at least ten (10) years and shall include the following:
- A. All relevant policies and procedures
 - B. Relevant databases
 - C. All requests by Individuals for access to a Designated Record Set



SBH-ASO POLICIES AND PROCEDURES

Policy Name: QUALITY MANAGEMENT PLAN

Policy Number: QM701

Effective Date: 1/1/2020

Revision Date(s): 3/5/2020

Reviewed Date: 7/16/2019

Executive Board Approval Dates: 11/1/2019

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

The SBH-ASO serves 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.

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, as well as one Tribal elected official.

Advisory Board

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.

Quality Assurance and Compliance Committee (QACC)

The QACC provides oversight of the quality assurance and improvement process and activities, as well as the Program Integrity and Compliance program for the SBH-ASO. Represented on the QACC are representatives from each of the providers, and an SBH-ASO 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.

Behavioral Health Service Providers

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

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

PURPOSE

The activities of this plan seek to assure compliance and continuous improvement within the system regarding:

- 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 QACC Ad 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, the QACC, and/or the Advisory Board. Plans for collecting and analyzing information are as follows:

Chart Reviews and Other Targeted Reviews

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

Specifically, these chart review tools and processes:

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

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

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

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

Annual Monitoring Reviews:

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

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 Advisory Board, system-wide trends are reported to QACC, while individual reports are provided to the subcontractors.

Over and Under-Utilization Monitoring Projects

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

Critical Incident Management System

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

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

Utilization Management Trends Reports

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

Data Collection and Analysis Plan: Utilization management data is collected from the monthly authorization tracking reports. The Utilization Manager, Clinical Director, Medical Director, and the QACC analyzes the reports for trends and opportunities for improvement relating to crisis services.

Quality Indicators Tracking

Description: The QACC oversees the contractual measures of performance, such as metrics for the SBH-ASO Customer Service phone line, Mental Health and SUD Federal Block Grant services, Crisis System Call Center Performance, Mobile Crisis Team, and any others as may be required by contract. The QACC reviews interpretations of the data provided by QM Program staff and makes recommendations based on those interpretations.

Specifically, required Crisis System metrics include the following:

1. Call Center Performance Metrics
 - A. Quantity
 - i. The total number of crisis calls received at the call centers;

- ii. Demographic of all crisis callers, to include: name, age, gender, ethnicity, and fund source (Medicaid & non Medicaid); and
 - iii. The total number of crisis callers enrolled and active in any behavioral health treatment services.
- B. Quality
- i. Crisis Call Center “call abandonment rate” of 5 percent or less;
 - ii. 90 percent of all Call Center crisis calls are answered live within thirty seconds; and
 - iii. Crisis Call Center utilization rate: frequency of usage by crisis callers within the previous 6 months. Note: this is a total count of crisis calls by individual.
- C. Outcomes
- i. Disposition of all Call Center crisis calls: (a) resolved online; (b) referred to mobile crisis outreach and/or Designated Crisis Responder (DCR); (c) referral to outpatient treatment provider; (d) referral to inpatient treatment provider; or (e) referral law enforcement.
2. Mobile Crisis Outreach Performance Metrics
- A. Quantity
- i. The total number of mobile crisis outreach; and
 - ii. The total number of DCR events.
- B. Quality
- i. The number of mobile crisis outreach events in which the response time was within two (2) hours (or less) of the referral to an emergent crisis and 24 hours (or less) for a referral to an urgent crisis.
- C. Outcomes
- i. Disposition of all mobile crisis and/or DCR outreach events: (a) resolved on scene; (b) voluntary treatment referral; (c) involuntary treatment referral; or (d) law enforcement referral.
3. Crisis Services Reporting
- A. Quarterly Reporting
- i. All Crisis Services metrics will be reported quarterly (these reports exclude the demographics of all crisis callers). The report is submitted to the HCA by the 15th of the month following the end of the quarter.
- B. Annual Reporting
- i. The Crisis Services report is to be submitted to the HCA annually per HCA BH-ASO contract.
 - ii. The annual report will include a summary, analysis, and findings of all crisis metrics in the previous calendar year.
 - iii. The annual report will include an analysis of coordination with regional MCO’s, community court system, First Responders, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services, consistent with SBH-ASO HCA contract.
 - iv. The annual report will include an analysis of Consumer crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Consumer’s stability, consistent with SBH-ASO HCA contract.
 - v. The annual report will include the identification, development, and implementation of any strategies to improve the crisis system over time, consistent with SBH-ASO HCA contract .

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 annually. Baseline and targets, if applicable, are established by contract. Data collected and analyzed for each indicator assists the QACC and SBH-ASO to identify necessary improvements and implement change to enhance the overall quality of behavioral health services within the region.

Grievance and Appeal Tracking

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

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

Compliance and Program Integrity Plan

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

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

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:

- **Individuals and family members**
 - Feedback is continually gathered from their participation in the QACC, Ombuds, and the SBH-ASO Advisory Board.
 - Inter-Tribal meetings are held with the SBH-ASO, network providers, and local Tribal Social Services/ Wellness program directors to ensure culturally competent services and system coordination.
- **Network Providers**
 - Input is gathered through their participation on the QACC and other regional meetings.
- **Other Stakeholders**
 - Feedback is incorporated from the monitoring activities of the HCA.
 - Results of monitoring activities described in this plan are summarized and reviewed by the QACC and reported to the Advisory Board and Executive Board, as appropriate. Results of each monitoring activity will be documented and communicated to each network provider, as applicable.
- Each Provider is expected to develop a plan to address areas needing improvement.
- The QACC identifies opportunities for improvement and makes recommendations based on findings. Recommendations may include development of procedural changes or clinical practices. Changes

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

REVIEW OF QUALITY MANAGEMENT PLANS AND STRATEGIES

The Quality Management Plan is reviewed at least annually. The necessity for Quality Management Plan changes are identified by the Quality and Compliance Manager 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 staff upon recommendation of the QACC. Such recommendations are based on data and analysis from the full range of quality assurance activities, including results received from external audits or HCA reviews. Changes to the plan must also occur when required by changes in relevant statutes.

The approved Quality Management Plan is then disseminated to providers and other stakeholders within the network.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: NOTICE REQUIREMENTS

Policy Number: UM802

Effective Date: 1/01/2020

Revision Dates: 2/24/2020

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 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 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 (2) 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 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.
- 3. For an adverse authorization decision involving an expedited authorization request SBH-ASO may initially provide notice orally within seventy-two (72) hours of the request. SBH-ASO shall provide written notification of the decision within seventy-two (72) hours after the receipt of the request for service.
- 4. 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.
- 5. Notice to the Individual and provider shall explain the following:
 - a. The action SBH-ASO has taken or intends to take.
 - b. 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. A statement of whether the Individual has any liability for payment.
 - d. Information regarding whether and how the Individual may Appeal the decision.
 - 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: When SBH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination and must follow notification requirements.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: AUTHORIZATION FOR PAYMENT OF PSYCHIATRIC INPATIENT

Policy Number: UM803

Effective Date: 1/1/2020

Revision Dates: 3/4/2020

Reviewed Date: 7/26/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To provide a standardized Utilization Management (UM) protocol for inpatient psychiatric services provided to Individuals funded through General Funds-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. Medically necessary, as defined in WAC 182-500-0070, also includes the following:
 - a. Ambulatory care resources available in the community do not meet the 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 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]). (It is treated as a voluntary stay for Utilization Management purposes.)
4. 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

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.

A Prospective Authorization Request must be completed within 24-hours of a change in legal status from ITA to voluntary.

SBH-ASO will require submission of clinical data for authorization of services from the admitting facility.

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.

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 either cancelled or withdrawn, not denied.

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 and within available resources.

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 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 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.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: CRISIS STABILIZATION SERVICES

Policy Number: UM805

Effective Date: 1/1/2020

Revision Dates: 3/12/2020

Reviewed Date: 7/30/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

The purpose of this policy is to ensure the provision of Crisis Stabilization Services to non-Medicaid individuals in the Salish region as available resources allow and subject to financial eligibility and medical necessity review.

POLICY

Crisis Stabilization Services are provided to individuals who are experiencing a behavioral health crisis. These services are to be provided in a home-like setting, or a setting which provides safety for the individual and the staff, such as facilities licensed by the Department of Health (DOH) as either a Crisis Stabilization or Crisis Triage facility.

PROCEDURE

A. Stabilization Service Program Elements

1. 24 hours per day/7 days per week availability.
2. Services may be provided prior to intake evaluation.
3. Services must be provided by a Mental Health Professional (MHP), or under the supervision of an MHP.
4. SBH-ASO provides these services in a home-like setting, or a setting that provides for safety of the person and the staff.
5. Service is short-term and involves, but is not limited to, face-to-face assistance with life skills training and understanding of medication effects and follow-up services in accordance with HCA BH-ASO Contract and regulatory requirements.
6. Services may be provided as follow-up to crisis services or to those determined by an MHP to need additional stabilization services.

7. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting
8. Have a protocol for requesting a copy of an individual's crisis plan
9. Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location
10. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW [71.05.710](#)
11. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility
12. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
13. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

B. Stabilization Service Outcomes

1. Evaluate and stabilize individuals in their community and prevent unnecessary hospitalization;
2. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;
3. Actively facilitate resource linkage so individuals can return to baseline functionality; and
4. Provide follow-up contact to the individual to ensure stability after discharging from a facility.

Referral, Inclusion, and Exclusionary Criteria

Crisis stabilization providers shall use standardized admission and exclusion criteria for crisis stabilization services.

A. Whenever possible, referrals to crisis stabilization will include the following information:

1. Behaviors or behavioral health symptoms that cause concern or require special care or safety measures;
2. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment, and impaired judgment;
3. History of mental health issues, including suicidality, depression, and anxiety;
4. Social, physical, and emotional strengths and needs;
5. Current substance use;
6. Functional abilities in relationship to Activities of Daily Living (ADLs) and ambulation; and

7. Current medications and medical needs.

When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.

B. Inclusionary Criteria

1. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis.
2. Individuals must be willing to admit to a voluntary facility.
3. Individuals, if a risk to self, must be willing to engage in safety planning.
4. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance, and smoking.
5. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
6. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
7. Individuals must be able to perform basic ADLs and be able to self-ambulate.

C. Exclusionary Criteria

1. Individuals needing immediate medical intervention for an acute or chronic condition or whose ongoing medical needs exceed the capacity of the facility or home setting.
2. Individuals who present a high likelihood of violence or arson at time of admit.
3. Any non-emergent referral for Crisis Stabilization Services.

Utilization Management

SBH-ASO provides Crisis Stabilization Services when provided in a home like setting or in a facility licensed by DOH as either Crisis Stabilization Units or Crisis Triage. Authorization of payment is based on financial eligibility and subject to medical necessity and available resources.

A. Certification of Services

1. Emergent Admission:
 - a. Emergent Referrals are those instances where the individual is referred for Crisis Stabilization Services by one of the following:
 - i. Hospital Emergency Department Physician
 - ii. Law Enforcement
 - iii. DCR

- b. No Prior Authorization is required. Notification to SBH-ASO is required within 24 hours of admit.
 - c. Concurrent review is conducted within one (1) business day from receipt.
2. Concurrent/Continued Stay Review Requests:
- a. Prior Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are limited to two to four (2-4) days depending on medical necessity.
 - b. Concurrent/Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.
 - c. Concurrent/Continued Stay reviews will be completed within 72 hours.

Discharge Planning Standards

- A. Planning for discharge is expected to begin at admission.
- B. Prior to any unplanned discharge, the program shall review current risk and necessary supports.
 - 1. If significant risk is indicated, program staff shall request ongoing services to continue stabilization.
 - 2. The program will provide care coordination with the identified care professionals and natural supports upon discharge.



SBH-ASO POLICIES AND PROCEDURES

Policy Name: UTILIZATION MANAGEMENT OF
OUTPATIENT SERVICES

Policy Number: UM806

Effective Date: 1/1/2020

Revision Dates: 3/12/2020

Reviewed Date: 7/19/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To define Utilization Management (UM) processes and requirements for Salish Behavioral Health Administrative Services Organization (SBH-ASO) and its subcontractors..

POLICY

UM of Behavioral Health Services are conducted in a systematic manner by qualified staff to ensure the appropriateness and quality of access to and delivery of behavioral health services to eligible residents of the Salish region. SBH-ASO shall ensure all UM activities are under the oversight of the Behavioral Health Medical Director and are structured to not provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services to any individual.

SBH-ASO may specify what constitutes medical necessity in a manner that is no more restrictive than the State Medicaid program. For the purpose of UM, SBH-ASO may place appropriate limits on a behavioral health service based on criteria applied under the State plan, such as medical necessity, provided the behavioral health services furnished could reasonably be expected to achieve their purpose. SBH-ASO reviews activities for UM including:

Level of Care Guidelines

SBH-ASO utilizes the guidelines outlined in the SBH-ASO Levels of Care Policy. In addition, SBH-ASO uses current American Society of Addiction Medicine (ASAM) criteria for Substance Use Disorder levels of care. SBH-ASO has UM guidelines that identify the type and intensity of services associated with each

level of care. For additional detail about the use of the protocols in the Salish region, refer to SBH-ASO Levels of Care Policy.

PROCEDURE

I. Prior Authorization Review

- A. Outpatient Level 1 Service Authorization Requests will be submitted to SBH-ASO through the Notification and Authorization Request for each month of request, unless otherwise indicated. Requests for services should be received within fourteen (14) calendar days of the date of the requested month of service.
- I. Prior Authorization Review – SBH-ASO conducts prior authorization reviews for the authorization of outpatient services. The criteria applied in the prior authorization review process for outpatient services are applied to the following levels of care:
 - A. Level 1 Outpatient Services
 - i. Mental Health Standard
 - ii. Mental Health PACT
 - iii. Mental Health/SUD Least Restrictive Order
 - iv. SUD Standard
 - v. SUD OTP
 - B. For Out-of-Network Requests, prior authorization reviews are conducted for:
 - i. Outpatient Services; and
 - ii. Psychological Testing.
- B. SBH-ASO Care Managers will review the Notification and Authorization Request to determine if an individual meets financial eligibility, medical necessity criteria, and resources are available to enroll the individual into services.
 - i. Authorization Request Approval
 - a. If documentation has been received, SBH-ASO UM staff verify criteria has been met and process the authorization.
 - ii. Adverse authorization review determinations based on medical necessity (Actions) include any decision to authorize a service in an amount, duration, or scope that is less than requested shall be conducted by:
 - 1. A contracted physician board-certified or board-eligible in Psychiatry or Child and Adolescent Psychiatry;

2. A contracted physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry; or
 3. A contracted licensed, doctoral level clinical psychologist.
- C. The Provider is notified of the decision.
- D. Upon an Adverse Authorization Determination, Notice of Action or Adverse Authorization Determination letter is sent to the individual requesting services.

Summary of Changes to SBH-ASO P&Ps presented for Approval at 5/22/20 Executive Board Meeting

Chapter	Chapter Number	Number	Title	Origination Date	Last Review/ Revision Date	Description of Updates
Administration	1	AD101	Policy Development and Review	5/17/2019	2/5/2020	<p><u>2/5/2020 updates:</u></p> <ol style="list-style-type: none"> 1. The addition of contract language from contract section 8.1 to "Document Development" section of procedure. 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	1	AD102	Provider Network Selection, Retention, Management and Monitoring	5/17/2019 8/29/2019 2/19/2020	2/19/2020	<p><u>2/19/2020 updates:</u></p> <ol style="list-style-type: none"> 1. Clarified language within Network Evaluation and Monitoring Section to align with monitoring language in other SBH-ASO policies. 2. Removed the term "fair hearings" from Network Evaluation and Monitoring Sections as it no longer pertains. 3. Added the word "involuntary" to Section 8(c).
Administration	1	AD103	Administrative Contract Compliance Monitoring	5/17/2019	3/5/2020	<p><u>3/5/2020 updates:</u></p> <ol style="list-style-type: none"> 1. Change to P&P Section "On-site monitoring components" to align with HCA contract section 9.4 2. The addition of P&P Section "Self-directed Remediation"

Clinical	2	CL200	Integrated Crisis Services	5/17/2019	3/4/2020	<u>3/4/2020 updates:</u> 1. Updated SUD to BH ITA 2. Replace detox with WM language 3. ITA services language updated 4. Salish Regional CL language update 5. Remove monitoring section to align with other P&Ps
Compliance	3	CP301	Compliance and Program Integrity	7/30/2019	2/19/2020	<u>2/19/2020 updates:</u> 1. The addition of updated and/or new contract language from contract section 12 throughout the procedure, e.g., 12.2 in the Information on Persons Convicted of Crimes section and 12.5 in the Reporting section. 2. Removed the language per HCA request during the Readiness Review referencing the HCA providing external auditing for the SBH-ASO on page 3. 3. Reorganization and rewording of some content language for improved clarity and contract alignment.
Compliance	3	CP302	Critical Incidents	7/18/2019	3/12/2020	<u>3/12/2020 updates:</u> 1. Updates to align the policy with contract language from contract section 7.4. 2. Included Critical Incident reporting form information and website. 3. Added language regarding documenting and tracking Critical Incidents in the Reporting section.

Compliance	3	CP303	Fraud, Waste, and Abuse Compliance Reporting Standards		2/24/2020	<u>2/24/2020 updates:</u> 1. Added definition of Allegation of Fraud (Contract 1.9) 2. Updated Procedure language to align with our Compliance/PI Plan and latest contract (Comments in the P&P indicate which) 3. Added the new 12.4 contract language. 4. Removed Monitoring section to align with other P&P
Consumer Affairs	4	CA401	Translation and Interpretation Services	7/16/2019	3/12/2020	<u>3/12/2020 updates:</u> 1. Added definition of Allegation of Fraud (Contract 1.9) 2. Updated Procedure language to align with our Compliance/PI Plan and latest contract (Comments in the P&P indicate which) 3. Added the new 12.4 contract language. 4. Removed Monitoring section to align with other P&P
Fiscal	5	FI502	Third Party Liability and Coordination of Benefits	6/27/2019	2/19/2020	<u>2/19/2020 updates:</u> 1. Clarified language and acronyms 2. Added language about attempts to recover any third-party resources and make records available for audit and review.
Quality Management	7	QM701	Quality Management Plan	7/16/2019	3/5/2020	<u>3/5/2020 updates:</u> 1. Updated content language for clarity and better alignment with contract language in several sections, e.g., Ombuds and Monitoring Tools and Activities. 2. Reorganized and/or updated Review language to current standards and plans. 3. Added specifics to the Quality Indicators Tracking (to standards available at the time).

Utilization Management	8	UM802	Notice Requirements	7/18/2019	2/24/2020	<u>2/24/20 updates:</u> 1. Added definition of Adverse Authorization Determination 2. Added language that SBH-ASO must provide written notice whether an Action or Adverse Authorization Determination 3. Added requirements for Notices that include Adverse Authorization Determination decisions
Utilization Management	8	UM803	Authorization for Payment of Psychiatric Inpatient Services	8/1/2019	3/4/2020	<u>3/4/20 updates:</u> 1. Added language regarding issuing a Notice of Adverse Authorization Determination when services are denied not due to medical necessity. 2. Clarified expectation on responsible party for submitting initial notification request upon ITA detention. 3. Clarified expectation on legal status/diagnostic change submissions and hospital transfers. 4. Added AEM requirements from 1/1/20 HCA contract.
Utilization Management	8	UM805	Crisis Stabilization in Crisis Stabilization or Triage Facility	8/1/2019	3/12/2020	<u>3/12/2020 updates:</u> 1. Remove 14 day language 2. Addition of #7-13 3. Addition of 16.4.2.1
Utilization Management	8	UM806	Utilization Management of Outpatient Services	7/18/2019	3/12/2020	<u>3/12/2020 updates:</u> 1. Add medical director oversight specific language 2. Adjust language from Prospective review to prior auth 3. Move prior auth from policy to procedure section

Utilization Management	8	UM807	State Only Funded Program of Assertive Community Treatment (PACT)	7/26/2019	3/12/2020	<u>3/12/2020 updates:</u> 1. Update financial screening process language to align with current UM practices 2. Discharge notification requirement added
Privacy & Security	9	PS901	Definitions for Policies Governing Protected Health Information (PHI)	1/30/2020	1/30/2020	Created policy.
Privacy & Security	9	PS902	Confidentiality, Use and Disclosure of Protected Health Information	1/30/2020	1/30/2020	Created policy.
Privacy & Security	9	PS902a	Notice of Privacy Practices	1/30/2020	1/30/2020	Created policy.
Privacy & Security	9	PS902b	Confidentiality and Security Agreement	1/30/2020	1/30/2020	Created policy.
Privacy & Security	9	PS902c	SBH-ASO ROI	1/30/2020	1/30/2020	Created policy.
Privacy & Security	9	PS903	Privacy Administrative Requirements for Implementation and Maintenance of HIPAA and 42 CFR Part 2	2/5/2020	2/5/2020	Created policy.
Privacy & Security	9	PS903a	Privacy and Security Policies Maintenance Plan	2/5/2020	2/5/2020	Created policy.
Privacy & Security	9	PS904	Privacy Training for Agency Staff	2/5/2020	2/5/2020	Created policy.
Privacy & Security	9	PS905	Designated Record Set	2/5/2020	2/5/2020	Created policy.

Please refer to additional SBH-ASO Policy and Procedure Document:

<https://www.kitsapgov.com/hs/Pages/SBH-ASO-EXECUTIVE-BOARD.aspx>

Utilization Trend for 1st Quarter 2020			
	Q1 Budget	Q1 Actual	Comments
Crisis Line	\$ 25,000.00	\$ 22,000.00	
Crisis Response Teams/Mobile Outreach	\$289,248.00	\$289,248.00	
Total Crisis	\$ 314,248.00	\$ 311,248.00	
Involuntary Psychiatric Inpatient	\$327,350.00	\$ 378,368.00	<i>Higher than projected Adult ITAs</i>
ITA Secure Withdrawal Management	\$15,000.00	\$ 15,600.00	
ITA Court Costs	\$78,125.00	incomplete	<i>King and NS first quarter ITA court billings not yet received</i>
Total Involuntary	\$420,475.00	\$ 393,968.00	
Facility Based Crisis Stabilization/Triage	\$77,475.00	\$ 58,500.00	<i>Clallam County under utilization</i>
MH Residential	\$18,250.00	\$ 14,500.00	
SUD Residential	\$54,275.00	\$ 32,190.00	
SUD Withdrawal Management	\$21,655.00	\$ 5,095.00	Regional under utilization
Total Residential	\$171,655.00	\$ 110,285.00	
MH Outpatient	\$152,945.02	\$ 115,200.00	<i>Kitsap County under utilization</i>
SUD Outpatient (includes OTP)	\$155,092.25	\$ 46,900.00	<i>Clallam and Kitsap County under utilization and No OTP expenses</i>
Total Outpatient	\$308,037.27	\$ 162,100.00	

Summary of Non-Medicaid Expenditures - July 1 - December 31, 2020**Changes from previously approved budget**

Crisis Line	\$70,000.00	Increase of \$20,000 due to higher call volumes
Crisis Response/Mobile Outreach	\$578,000.00	None
Total Crisis	\$648,000.00	
Involuntary Psychiatric Inpatient	\$840,000.00	Increase of \$185,000 due to higher than expected Adult ITAs
ITA Secure Withdrawal Management	\$43,014.00	Increase of \$13,014 to account for all Proviso allocation
ITA Court Costs	\$163,746.00	
Total Involuntary	\$1,046,760.00	
Crisis Stabilization/Triage	\$150,750.00	Decrease of \$8,400. Increased Kitsap allocation and decreased Clallam (under-utilization)
MH Residential	\$142,350.00	Increase of \$69,350 due to greater community need.
SUD Residential	\$121,800.00	Increase of \$3,250 due to small increase in contracted rates
SUD Withdrawal Management	\$29,600.00	Decrease of \$18,710 due to under utilization.
Total Residential	\$444,500.00	
MH Outpatient	\$247,834.00	Decrease of \$58,056 due to Kitsap County under utilization
SUD Outpatient (includes OTP)	\$130,225.00	Decrease of \$179,959 due to Region wide under utilization. Still 50% more treatment than utilized in Q1.
Total Outpatient	\$378,059.00	
PPW Childcare	\$40,000.00	Increase of \$15,000 to support rate increase.
PPW Housing Support	\$35,000.00	Increase of \$10,000 to support rate increase.
Transportation	\$10,000.00	Increase of \$2,500 to respond to greater distance to treatment
Youth Treatment Supports	\$45,000.00	New budget item due to inability to spend Designated Marijuana Account (DMA) Proviso
SUD Recovery Supports	\$130,000.00	
CJTA	\$236,340.00	
E&T Discharge Planners	\$71,529.00	
Peer Bridger	\$80,000.00	
ASO Enhancement Payments	\$109,956.00	
Trueblood Misdemeanor Diversion	\$72,000.00	
Jail Services	\$57,834.00	
Behavioral Health Advisory Board	\$19,998.00	
Community Education/Training	\$9,000.00	
FYSPT	\$37,500.00	
OMBUDS	\$22,500.00	Decrease of \$7,500 due to under utilization
Interpreter Services	\$2,000.00	
Cost Sharing	\$50,000.00	New budget item which will be used to assist individuals with
	\$0.00	
Total Miscellaenous	\$768,657.00	
BH-ASO Administration	\$403,344.00	
BH-ASO Direct Support	\$163,166.00	
BH-ASO Admin & Direct Support	\$566,510.00	
Total Expenditures	\$3,982,486.00	

Statewide High-Level Analysis of Forecasted Behavioral Health impacts from COVID-19

SUMMARY

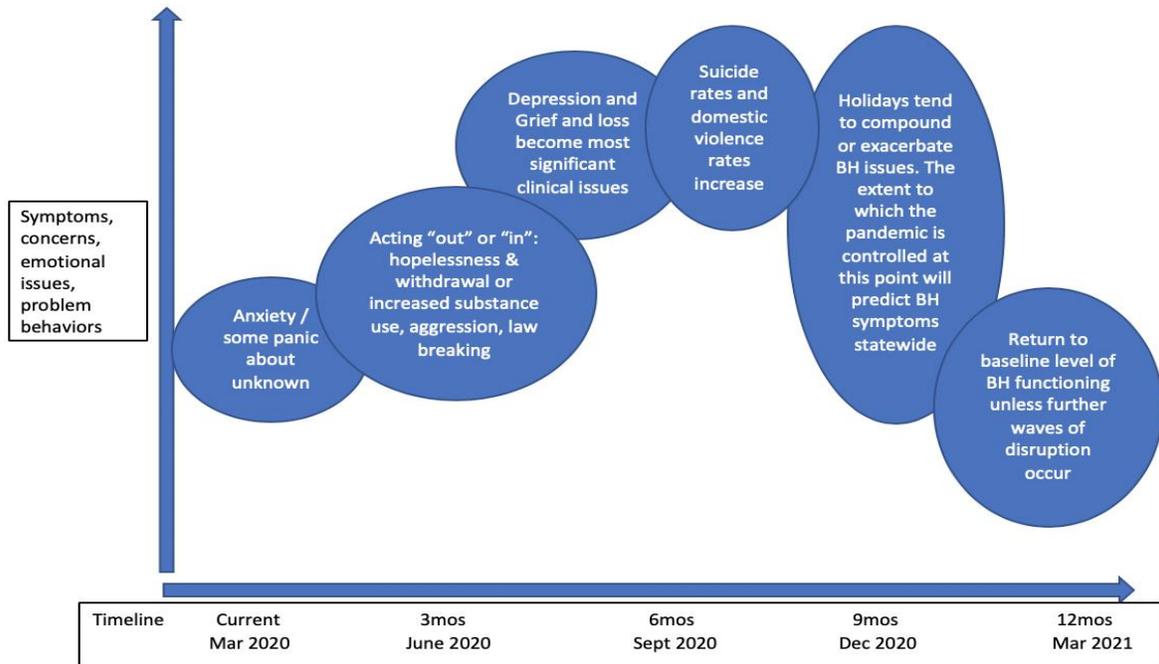
Purpose

This document provides a brief overview of the potential statewide, behavioral health impacts from COVID-19. The intent of this document is to communicate the potential impacts of the outbreak to response planners and behavioral health organizations so they can adequately prepare.

Bottom Line Up Front

- The behavioral health impacts from the COVID-19 outbreak and related government actions will likely cause a surge in behavioral health symptoms across the state. This surge will present differently based on the stage of the pandemic, the effectiveness of the overall response effort, and the populations being impacted. In particular, a second pandemic wave would dramatically change this forecast. This forecast will be updated during summer months based on new data.
- These impacts will likely be seen in phases with anxiety related issues becoming prevalent immediately through the next 2 to 3 months, followed by an increase in depressive symptoms over 2 to 6 months, peaking around 9 months (around November / December 2020).^{8,9} This could potentially coincide with a second wave of infections, a pattern consistent with previous pandemics.
- In Washington, the highest risk of suicide will likely occur between October and December 2020. This is consistent with known cycles of disaster response patterns. Seasonal affective disorder also increases at our latitude at that time of year.
- Outreach and support strategies need to be tailored based on the current phase of the incident and the target population. Population specific impacts can be found in the companion document: *COVID-19: Forecasted Behavioral Health Impacts Guide for Specific Groups*.
- Efforts should focus on activating/augmenting existing community supports to increase social connections, which reduces behavioral health symptoms, and encouraging active coping skills among target audiences.
- An eventual return to baseline levels of functioning for **most** people should occur around February 2021, *assuming the pandemic does not enter an additional disruptive (social and economic) wave*.

Forecasted Behavioral Health Symptoms from COVID-19 Over Time



NOTE: Where people start on this chart is strongly predicted by their baseline level of functioning BEFORE the outbreak / pandemic, and the degree to which they have SOCIAL SUPPORT and use ACTIVE COPING SKILLS. If the situation comes to a resolvable level after 12 months, the VAST majority of people will return to their baseline level of functioning. If the situation cascades, then the emotional and behavioral responses become compounded over time.

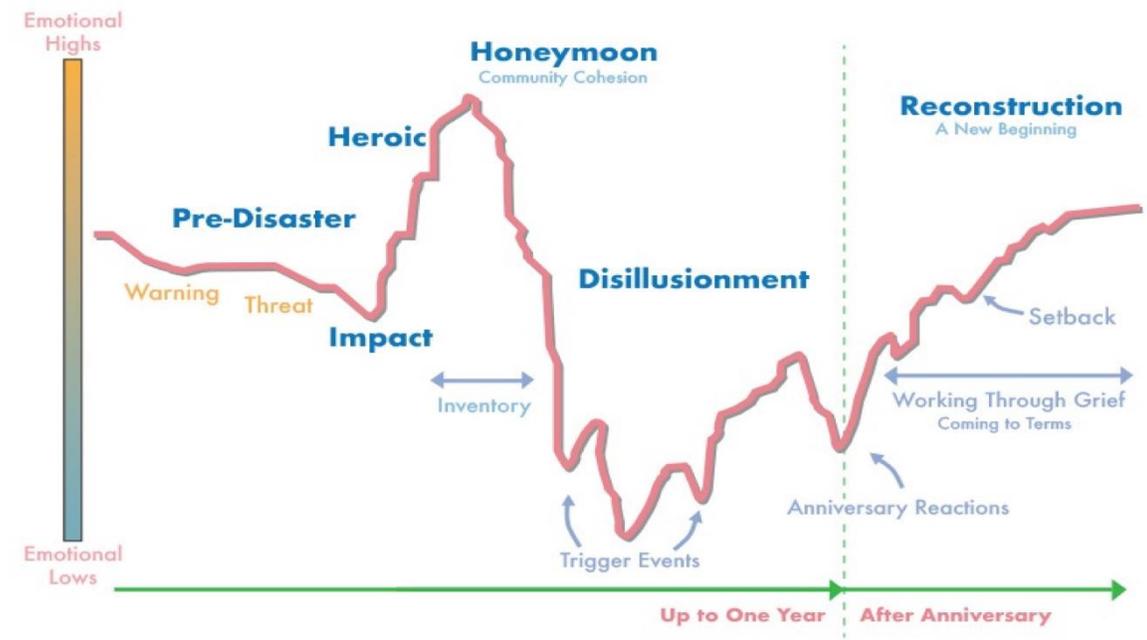
Key Things to Know

1. Approximately 650,000 Washingtonians were receiving treatment for behavioral health needs prior to the COVID19 outbreak.
2. Approximately 700,000 Washingtonians have mental health concerns, but were NOT receiving services prior to the outbreak.
3. Approximately 10% to 33% of individuals experience symptoms of acute stress (such as negative thoughts, sadness, intrusive dreams or memories, avoidance, insomnia or hypersomnia, headaches & stomach aches) within one month after the impact phase of a disaster or critical incident. In Washington, that timeline begins mid-March 2020. ^{10, 11, 12}
4. Based on population data for Washington, and known cycles of common psychological responses to disasters, **we can reasonably expect that approximately TWO MILLION Washingtonians could experience behavioral health symptoms consistent with acute stress, anxiety, or increasing depression from the present time to over the next two to six months.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.
5. Only 4% to 6% of people typically develop symptoms of PTSD after a disaster (equivalent to 380,000 individuals in Washington). This number can vary quite a bit depending on the type of disaster, and is often higher amongst first responders and medical personnel if the disaster is more chronic, widespread, children are hurt or injured, and burnout is likely. ^{10,11, 12}
6. **Behavioral health symptoms will likely present in phases:** ^{8,9}
 - a. We can reasonably expect that behavioral health symptoms including anxiety, trouble sleeping, stomach aches, and headaches will increase dramatically amongst the general population in the next one to two months (April – May 2020).

- b. Behavioral symptoms associated with “acting out”: (aggression, law breaking, increased substance use) or “acting in” (voluntary isolation, non-participation, blunted emotional expression) may increase in the next three to six months (June - Sept 2020).
 - c. Depression rates and symptoms, along with suicides, could increase dramatically in the fall and winter of 2020, with November and December likely being the most difficult. This is due to a particularly hard combination of the experience for the general population of:
 - i. The Disillusionment phase of disaster recovery (when people recognize that things will not be returning to the way they once were)
 - ii. The season (holidays as well as limited daily sunlight)
 - iii. Long term effects of financial losses or concerns on sense of hope
 - d. An eventual return to premorbid baseline levels of functioning by February or March 2021 is anticipated for most people, assuming that the pandemic does not enter an additional disruptive (social and economic) wave before December 2020.^{8,9}
7. Behavioral health systems, providers, and public messaging teams should be mindful of the following strategies to maximize the impact of their efforts:
- a. Primary efforts for the next 6 to 9 months should be focused on activating community supports to increase social connections (and thus reducing behavioral health symptoms) and encouraging the development of ACTIVE coping skills amongst the general public to reduce symptoms of depression.
 - b. There should be a psychoeducational emphasis on the disaster response cycle so that people are informed about what they may expect, and they do not pathologize a normal response to an abnormal situation.
8. The typical response to disaster is RESILIENCE, rather than disorder.^{8,10} Resiliency can be increased by:¹³
- a. Focus on developing social CONNECTIONS big or small
 - b. Reorienting and developing a sense of PURPOSE
 - c. Becoming adaptive and psychologically FLEXIBLE
 - d. Focusing on HOPE
9. Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups.
10. Community support groups, lay volunteers, and all manner of social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population, and should be leveraged to take pressure off depleted or unavailable professional medical and therapeutic resources throughout 2020.
11. **Approximately half of the individuals who experience a behavioral health diagnosis will develop a substance-related disorder, and vice versa.**⁶
- a. As a result, we can expect substance-related symptoms and disorders to increase as behavioral health symptoms and disorders increase.
12. During disasters, individuals may have difficulty accessing their prescribed medication, which could lead them to seek alternatives. Relatedly, the *Stay Home, Stay Healthy* policy means that peer support groups for both substance-related disorders and behavioral health disorders and are inaccessible via traditional means.
- a. Healthcare providers should anticipate an increase in substance-use as a possible disaster reaction, and should suggest both healthy alternatives for coping, and sources of support.

Background and Analysis

Reactions and Behavioral Symptoms in Disasters: SAMHSA



<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

Mental Illness, Behavioral Health Diagnoses, and Demographics

National prevalence rates for mental and behavioral health diagnoses^{2,4}

Generalized Anxiety Disorder = approximately 1% of adolescents, 2.9% adults (6.06 million nationally)

Panic Attacks = 11.2% of adults (23.40 million)

Panic Disorder = approximately 2-3% of adolescents and adults (4.18 million)

Mood Disorders = approximately 9.7% of adults⁴ (20.27 million)

Depression = 12.7% in WA, 41.1% of whom received mental health services¹

Annual suicide rates: approximately 17 per 100,000³

Post-Traumatic Stress Disorder: 3.5% of adults nationally²

Substance-Related Disorder prevalence:

National prevalence rates for substance-related disorders:^{2, 4, 5}

Alcohol Use Disorder = approximately 4.6% of adolescents, 8.5% of adults

Cannabis Use Disorder = approximately 2.3% of adolescents, 5% of young adults, and 0.8% of adults

Opioid Use Disorder = approximately 0.6% of adolescents, 1.1% of young adults, and 0.8% of adults

Population of WA: Approx. 7.5488 Million

Percentages with baseline Serious Mental Illness (2017 most recent):

Young adults from 18-25 = 6.2%¹ (or 467,976 people)

Adults 18 and over = 5.3%¹ (or 400,044 people)

Percentage of adults 18 and over with ANY mental illness who received treatment in Washington (2017 most recent): = 45.6% (approximately 650,000 people or 8% of the total population of WA)¹

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RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 16, 2020

TIME: 9:18 AM

WSR 20-09-113

Agency: Health Care Authority

Effective date of rule:

Emergency Rules

- Immediately upon filing.
 Later (specify) _____

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes No If Yes, explain:

Purpose: The Health Care Authority (HCA) is amending WAC 182-538-060 and 182-538-067 on an emergency basis in response to the COVID-19 public health emergency.

The purpose of these amendments is to help ensure (1) the viability of Apple Health Integrated Managed Care (IMC) plans; (2) adequate performance by the IMC plans; (3) sufficient access to care for Medicaid clients in IMC; and (4) the continued availability of an adequate network of physical and behavioral health providers in IMC plans.

Because of COVID-19, the state is experiencing an unprecedented increase in unemployment and a commensurate increase in applications for enrollment in Medicaid. As part of managing this situation, HCA is amending WAC 182-538-060 to limit the auto-assignments of Medicaid clients to IMC plans. In particular, HCA will prevent auto-assignments of new clients to any plan that has a statewide market share of greater than 40% in Apple Health IMC. This rule does not affect voluntary plan choices by clients, the Family Connect policy, or the Plan Reconnect policy.

In addition, HCA is amending WAC 182-538-067 to clarify when the agency will adjust the number of its IMC plans, either overall or on a region-to-region basis. In determining whether to make any such adjustment, HCA will consider statutory requirements as well as enrollment needs, the performance of the plans with respect to behavioral health integration, and the promotion of access to care for behavioral health services.

Citation of rules affected by this order:

New:
Repealed:
Amended: 182-538-060, 182-538-067
Suspended:

Statutory authority for adoption: RCW 41.05.021, RCW 41.05.160

Other authority:

EMERGENCY RULE

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
 That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding: Medicaid caseloads are growing by the day with skyrocketing statewide unemployment rates and closed businesses. HCA is regard to take all measures necessary to ensure client access to contracted providers through HCA-contracted managed care organizations..

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

The number of sections adopted at the request of a nongovernmental entity:

New	___	Amended	___	Repealed	___
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The number of sections adopted on the agency's own initiative:

New	___	Amended	___	Repealed	___
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	___	Amended	2	Repealed	___
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The number of sections adopted using:

Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	___	Amended	2	Repealed	___

Date Adopted: April 17, 2020	Signature: 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	

WAC 182-538-060 Managed care choice and assignment. (1) The medicaid agency requires a client to enroll in integrated managed care (IMC) when that client:

(a) Is eligible for one of the Washington apple health programs for which enrollment is mandatory;

(b) Resides in an area where enrollment is mandatory; and

(c) Is not exempt from IMC enrollment and the agency has not ended the client's managed care enrollment, consistent with WAC 182-538-130.

(2) American Indian and Alaska native (AI/AN) clients and their descendants may choose one of the following:

(a) Enrollment with a managed care organization (MCO) available in their regional service area;

(b) Enrollment with a PCCM provider through a tribal clinic or urban Indian center available in their area; or

(c) The agency's fee-for-service system for physical health or behavioral health or both.

(3) To enroll with an MCO or PCCM provider, a client may:

(a) Enroll online via the Washington Healthplanfinder at <https://www.wahealthplanfinder.org>;

(b) Call the agency's toll-free enrollment line at 800-562-3022; or

(c) Go to the ProviderOne client portal at <https://www.waproviderone.org/client> and follow the instructions.

(4) An enrollee in IMC must enroll with an MCO available in the regional service area where the enrollee resides.

(5) All family members will be enrolled with the same MCO, except family members of an enrollee placed in the patient review and coordination (PRC) program under WAC 182-501-0135 need not enroll in the same MCO as the family member placed in the PRC program.

(6) An enrollee may be placed into the PRC program by the MCO or the agency. An enrollee placed in the PRC program must follow the enrollment requirements of the program as stated in WAC 182-501-0135.

(7) When a client requests enrollment with an MCO or PCCM provider, the agency enrolls a client effective the earliest possible date given the requirements of the agency's enrollment system.

(8) The agency assigns a client who does not choose an MCO or PCCM provider as follows:

(a) If the client was enrolled with an MCO or PCCM provider within the previous six months, the client is reenrolled with the same MCO or PCCM provider;

(b) If (a) of this subsection does not apply and the client has a family member enrolled with an MCO, the client is enrolled with that MCO;

(c) The client is reenrolled within the previous six months with their prior MCO plan if:

(i) The agency identifies the prior MCO and the program is available; and

(ii) The client does not have a family member enrolled with an agency-contracted MCO or PCCM provider.

(d) If the client has a break in eligibility of less than two months, the client will be automatically reenrolled with his or her previous MCO or PCCM provider and no notice will be sent; or

(e) If the client cannot be assigned according to (a), (b), (c), or (d) of this subsection, the agency (~~assigns the client according to agency policy~~):

(i) Assigns the client according to agency policy, or this rule, or both;

(ii) Will not assign clients to any MCO that has a total statewide market share of forty percent or more of clients who are enrolled in apple health IMC. On a quarterly basis, the agency will review enrollment data to determine each MCO's statewide market share in apple health IMC;

(iii) Will apply performance measures associated with increasing or reducing assignment consistent with this rule and agency policy or its contracts with MCOs.

(f) If the client cannot be assigned according to (a) or (b) of this subsection, the agency assigns the client as follows:

(i) If a client who is not AI/AN does not choose an MCO, the agency assigns the client to an MCO available in the area where the client resides. The MCO is responsible for primary care provider (PCP) choice and assignment.

(ii) For clients who are newly eligible or who have had a break in eligibility of more than six months, the agency sends a written notice to each household of one or more clients who are assigned to an MCO. The assigned client has ten calendar days to contact the agency to change the MCO assignment before enrollment is effective. The notice includes:

(A) The agency's toll-free number;

(B) The toll-free number and name of the MCO to which each client has been assigned;

(C) The effective date of enrollment; and

(D) The date by which the client must respond in order to change the assignment.

(9) An MCO enrollee's selection of a PCP or assignment to a PCP occurs as follows:

(a) An MCO enrollee may choose:

(i) A PCP or clinic that is in the enrollee's MCO and accepting new enrollees; or

(ii) A different PCP or clinic participating with the enrollee's MCO for different family members.

(b) The MCO assigns a PCP or clinic that meets the access standards set forth in the relevant managed care contract if the enrollee does not choose a PCP or clinic.

(c) An MCO enrollee may change PCPs or clinics in an MCO for any reason, with the change becoming effective no later than the beginning of the month following the enrollee's request.

(d) An MCO enrollee may file a grievance with the MCO if the MCO does not approve an enrollee's request to change PCPs or clinics.

(e) MCO enrollees required to participate in the agency's PRC program may be limited in their right to change PCPs (see WAC 182-501-0135).

WAC 182-538-067 Qualifications to become a managed care organization (MCO) in integrated managed care. (1) To provide physical or behavioral health services under the apple health IMC ((medicaid)) contract, a managed care organization (MCO) must:

(a) ~~((An MCO must))~~ Contract with the agency((-)); and
(b) ~~((MCO must also))~~ Contract with an agency-contracted behavioral health administrative service organization (BH-ASO) that maintains an adequate provider network to deliver services to clients in IMC regional service areas.

(2) ~~((A managed care organization (-))~~ An MCO((+)) must meet the following qualifications to be eligible to contract with the ((medicaid)) agency:

(a) Have a certificate of registration from the Washington state office of the insurance commissioner (OIC) that allows the MCO to provide health care services under a risk-based contract;

(b) Accept the terms and conditions of the agency's managed care contract;

(c) ~~((Be able to))~~ Meet the network and quality standards established by the agency; and

(d) Pass a readiness review, including an on-site visit conducted by the agency.

(3) ~~((At its discretion, the agency awards a contract to an MCO through a competitive process or an application process available to all qualified providers.))~~ (a) The agency may from time to time conduct a procurement for new apple health MCOs or to reduce or expand the use of existing apple health MCOs.

(b) The agency may conduct a procurement when the agency determines in its sole discretion there is a need to:

(i) Expand or reduce current MCO contracts;

(ii) Enhance current MCO provider networks; or

(iii) Establish new contracts for integrated managed care in one or more regional services areas; or

(iv) Adjust the program to ensure adherence to state and federal law.

(c) In accordance with RCW 74.09.522 and 74.09.871, the agency will give significant weight to the following factors in any procurement process:

(i) Demonstrated commitment to, and experience in, serving low-income populations;

(ii) Demonstrated commitment to, and experience in, serving persons who have mental illness, substance use disorders, or co-occurring disorders;

(iii) Demonstrated commitment to, and experience with, partnerships with county and municipal criminal justice systems, housing services, and other critical support services necessary to achieve the outcomes established in RCW 70.320.020, 71.24.435, and 71.36.025;

(iv) Recognition that meeting enrollees' physical and behavioral health care needs is a shared responsibility of contracted behavioral health administrative services organizations, MCOs, service providers, the state, and communities;

(v) Consideration of past and current performance and participation in other state or federal behavioral health programs as a contractor;

(vi) Quality of services provided to enrollees under previous contracts with the state of Washington or other states;

(vii) Accessibility, including appropriate utilization, of services offered to enrollees;

(viii) Demonstrated capability to perform contracted services, including the ability to supply an adequate provider network; and

(ix) The ability to meet any other requirements established by the agency.

(d) The agency may define and consider additional factors as part of any procurement including, but not limited to:

(i) Timely processing of, and payments to, providers in the MCO networks, including reconciliation of outstanding payments; and

(ii) The optimal number of MCOs per regional services area, based on population and in the manner that the agency determines most beneficial for the program, clients, and providers.

(4) The agency reserves the right not to contract with any otherwise qualified MCO.



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, July 17, 2020

TIME: 9:00 AM – 11:00 AM

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

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting: <https://zoom.us/j/94093234724>

Meeting ID: 940 9323 4724

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 940 9323 4724

A G E N D A

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Notes for May 22, 2020 (Attachment 5)
6. Action Items
 - a. Telemedicine Policy and Procedure for Approval (Attachment 6.a)
 - b. Non-Medicaid July 1 – December 31 Budget Update (Attachment 6.b)
7. Informational Items
 - a. Salish Provider Network Update
 - b. Suicide Assessment and Intervention Training
 - c. SBH-ASO Operating Reserves
 - d. HCA Technical Assistance Monitoring (TAM)
 - e. Behavioral Health Advisory Board Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

July 17, 2020

Action Items

A. TELEMEDICINE POLICY AND PROCEDURE FOR APPROVAL

On June 9, 2020, HCA sent communication to BHASOs requiring the completion of a Telehealth Attestation. HCA has implemented temporary policies to expand the type of telecommunications that can be used to provide covered services for the duration of the COVID-19 pandemic. Telehealth can be considered an umbrella term that includes telemedicine as well as these temporary policies. Contractors are required to be compliant with the telehealth policies released by the HCA.

SBH-ASO developed the attached Telemedicine Policy and Procedure in response to HCA's Telehealth Attestation request. Staff requests Board approval of this new Policy.

B. JULY 1 – DECEMBER 31 BUDGET UPDATE

During the May 22, 2020, Board Meeting the July-December 2020 Budget was reviewed and approved. Significant budget changes have been urgently necessary since the May Board Meeting. These changes were required to adequately fund the Crisis System. When the budget for the Crisis System was created last fall, staff analyzed existing SBHO crisis data to determine the amount of Medicaid versus non-Medicaid funding needed to support the SBH-ASO Crisis System. From January-June 2020, Crisis providers compensation was comprised of 70% Medicaid and 30% non-Medicaid funds.

In order to determine if previous crisis system service delivery and coding trends remained consistent under the SBH-ASO structure, an analysis of 2020 crisis services data was necessary. Unfortunately, there had been a serious delay in receiving crisis encounters (crisis services) from providers due to all crisis providers switching to new Electronic Medical Records, as well as SBH-ASO implementing a new data system. An analysis of crisis encounters (crisis services) couldn't be completed until late May. The analysis showed that only 50% of the services provided were eligible to be funded by Medicaid rather than the 70% initially projected. Adjusting the non-Medicaid allocation from 30% to 50% for July 1 – December 31, 2020, requires an additional \$350,000 of non-Medicaid funds. The updated budget reflects \$334,721 in cuts to non-Medicaid non-crisis services. The remaining funds required to support the non-Medicaid portion of the Crisis System were available due to a small increase in General Fund State (GFS) in the July 1, 2020 HCA Contract Amendment.

The most notable and impactful cut was the elimination of Standard Outpatient Mental Health Treatment. Staff convened Mental Health Provider Leadership in early June to review the necessary cuts to be implemented on July 1, 2020.

Staff will review the attached July 1- December 31 budget update.

Informational Items

A. SALISH PROVIDER NETWORK UPDATE

Use of Telehealth

All Salish providers within the region have been using telehealth as a mode of service delivery. Providers report youth and young adults are well engaged in the use of telehealth. Some report that telehealth has “lost its novelty” and individuals are not always responsive. Some individuals continue to have challenges with telehealth due to in-person preference, lack of access to broadband, lack of access to necessary tools. Salish Providers have been successful in supplying cell phones that were provided by HCA to individuals to increase access to telehealth treatment. Agencies are working to identify a process for returning to or increasing in-person care in their clinics.

Crisis System

Crisis provider agencies continue to provide 24-hour services within their communities. The number of crisis cases has remained stable for agencies. Agencies do report some increase in acuity in crisis interactions since COVID-19. There have been challenges with staffing at times, though coverage has been maintained at the agency level. Agencies report an increase in stress among staff leading to higher support needs.

The Salish Regional Crisis Line has seen a significant increase in calls in April through June. The calls have increased in volume as well as call length. This has put significant strain on staff. Crisis line staff have remained in the call center since COVID-19 has impacted working environments. Salish BH-ASO has been working with VOA to increase staffing to support coverage due to the on-going call volumes. Efforts to support the Regional Crisis Line have included amending their contracts to allow for additional staff to be hired. Call volumes have remained close to double the projected number since January 1, 2020.

Substance Use Disorder Providers

Substance use disorder agencies have reported an increase in individuals seeking services from all payer sources. Several agencies are providing a hybrid of telehealth and face to face. Several agencies have reopened to offer urinalysis services. Many groups and individual services continue to be provided via telehealth. We have had one agency report a positive COVID-19 case that impacted access to face to face care.

Opiate Treatment Program (OTP), BAART, is serving 100 individuals with 150 still on the waitlist, at its Bremerton Clinic. Due to the length of the waiting list, they have moved to a walk-in admission protocol where the first 3-4 individuals presenting at the clinic receive an intake on Tuesday, Wednesday, and Thursday. At last report, the Port Angeles clinic was serving 140 individuals.

B. SUICIDE ASSESSMENT AND INTERVENTION TRAINING

In response to the concerning statewide projections regarding anticipated notable increases in behavioral health distress and suicide rates due to COVID-19, Salish began researching options for facilitating suicide prevention trainings. Staff will share Salish’s plan for offering 6 regional virtual trainings this summer. Three trainings will be tailored to licensed behavioral health professionals and three trainings will be tailored towards general community members.

C. SBH-ASO OPERATING RESERVES

On June 11, 2020, Salish received a contract amendment from the Health Care Authority which contained \$942,786 in SBH-ASO Reserve funds. These funds will be even more critical as SBH-

ASO supports the crisis system and the community during such unprecedented times.

D. HCA TECHNICAL ASSISTANCE MONITORING (TAM)

The first official monitoring activity performed by the HCA for Salish BH-ASO was “Technical Assistance Monitoring” or TAM. Subsequent HCA monitoring will be in the form of Annual Reviews. HCA conducts its TAM similar to the Readiness Review that Salish completed in October.

HCA provided Salish with a document request in April and Salish staff submitted the requested documentation on May 18th. On June 30th, HCA conducted its Technical Assistance Monitoring via the Zoom platform. Staff will discuss the HCA’s feedback on Salish’s TAM Performance.

E. BEHAVIORAL HEALTH ADVISORY BOARD UPDATE

Lois Hoell was elected Chair of the BH-ASO Advisory Board at the June 3rd Meeting. In 2020, Advisory Board Meetings have been held in February and June. BHAB Chair or Staff will provide an update.

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

**Friday, May 22, 2020
9:00 a.m. - 11:00 a.m.
VIRTUAL ONLY: ZOOM Virtual Platform**

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:03 a.m.

INTRODUCTIONS – Self introductions were conducted.

Stephanie introduced Glenn Lippman, SBH-ASO Medical Director and Theresa Lehman, Jamestown S’Klallam Councilwoman.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA – Commissioner Mark Ozias

MOTION: Request Commissioner Greg Brotherton moved to approve the agenda as submitted. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Greg Brotherton moved to approve the meeting notes as submitted for the January 17, 2020 meeting. Commissioner Mark Ozias seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **APPOINTMENT OF TRIBAL OFFICIAL TO EXECUTIVE BOARD**

Liz Muller of Jamestown S’Klallam Tribe had historically served on the Board for many years. Last year, she stepped down from the seat and Rob Welch was appointed Interim Tribal Representative. Consensus among the Tribes is required to appoint an elected Tribal Official to the BH-ASO Executive Board. Commissioner Ozias drafted a recruitment letter which was sent to the Chair of each Tribal Council within the 3 counties. Jamestown S’Klallam Tribal Council has nominated Councilwoman Theresa Lehman to serve on the SBH-ASO Executive Board.

- Commissioner Mark Ozias introduced and thanked Theresa Lehman on the behalf of the entire SBH-ASO, for volunteering to be appointed as the tribal official to the SBH-ASO Executive Board.

MOTION: Commissioner Greg Brotherton moved to approve Theresa Lehman as the elected SBH-ASO Executive Board Tribal Official. Commissioner Rob Welch seconded the motion. Motion carried unanimously.

➤ **POLICIES AND PROCEDURES FOR APPROVAL**

The Executive Board approved the SBH-ASO's Policy and Procedure Manual on November 1, 2019. The initial Policy and Procedure manual was based upon the "model BH-ASO" contract dated July 1, 2019. Salish received its January 2020 contract from HCA in December. Changes in HCA contract requirements necessitated Policy and Procedure updates. Staff prioritized the updating of policies that would likely be requested during Salish's first HCA audit. A spreadsheet has been included which summarizes the changes made to these Policies and Procedures.

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

- AD101 – Policy Development and Review
 - AD102 – Provider Network Selection, Retention, Management, and Monitoring
 - AD103 – Administrative Contract Compliance Monitoring
 - CL200 – Integrated Crisis System
 - CP301 – Compliance and Program Integrity
 - CP302 – Critical Incidents
 - CO303 – Fraud, Waste and Abuse Compliance Reporting Standards
 - CA401 – Translation and Interpretation Services
 - FI502 – Third Party Liability and Coordination of Benefits
 - QM701- Quality Management Plan
 - UM802 – Notice Requirements
 - UM803 – Authorization for Payment of Psychiatric Inpatient Services
 - UM805 – Crisis Stabilization Services
 - UM806 – Utilization Management of Outpatient Services
 - UM807 – State Only Funded Program for Assertive Community Treatment (PACT)
 - PS901 – Definitions for Policies Governing Protected Health Information
 - PS902 – Confidentiality Use and Disclosure of Protected Health Information
 - PS902a – SBH-ASO Notice of Privacy Practices
 - PS902b – Confidentiality and Security Agreement
 - PS902c – SBH-ASO Release of Information
 - PS903 – Privacy Admin Requirements for Implementation and Maintenance of HIPAA and 42 CFR part 2
 - PS903a Privacy and Security Policies Maintenance Plan
 - PS905 – Designated Record Set
- Attachments 6.b.1 and 6.b.2, supplemental packet, were reviewed. A total of twenty-three (23) Policies and Procedures to approve. All policies and procedures were reviewed by the Policy and Procedure committee, composed of four (4) SBH-ASO staff, including Dr. Glenn Lippman. Feedback for future policies and procedures to review marked-up policies and procedures to easily note changes to them. At the next SBH-ASO Executive Board will receive the additional updated policies and procedures.

MOTION: Commissioner Greg Brotherton moved to approve SBH-ASO Policies and Procedures. Theresa Lehman seconded the motion. Motion carried unanimously.

➤ **NON-MEDICAID JULY 1 – DECEMBER 31 BUDGET UPDATE**

Staff developed a preliminary annual BH-ASO budget which was approved by the Board on November 1, 2019. This budget was based on historical trends and educated forecasting of what the service needs and utilization would be in 2020.

Staff has compiled and analyzed utilization data for the first quarter of 2020. Staff will present preliminary reports on budgeted versus actual utilization of treatment services. Staff will present an amended budget for the Board's approval for the time period of July 1 – December 31. Early utilization trends and updated HCA funding necessitates this budget update.

The following facts continue to inform the budgeting process: contract mandated services must be fully funded first (Crisis and Involuntary Treatment Services), restricted proviso funds must be used accordingly, BH-ASO Administration and Direct Support withholdings (operating budget) must be funded by State Funds (not Block Grant).

Staff will review attachments and provide additional context surrounding suggested budget changes.

- Reviewed attachment 6.c.1 which indicates general underutilization. Overall underutilization could be accounted for by the providers reporting utilization management processes were more burdensome and choosing to utilize other funding resources, such as 1/10th. We have and continue to attempt to reduce the burden on our providers. Additionally, there doesn't appear to be as many individuals seeking SUD treatment who are at or below the 220% Federal Poverty Level, which is part of financial eligibility for SBHASO funded services. Noted that January 2020 was our most underutilized month.
- Attachments 6.c.1 and 6.c.2 color coding was reviewed. The yellow color-coding references to mandatory or required by contract to be funded. The blue color coding is not mandatory or required services to be funded. The purple color references the totals at bottom. Even if the utilization exceeds what we projected, for services highlighted in yellow, we still have to pay for those services.
- Reviewed SBH-ASO Crisis Line and questions regarding changes in utilization over the last few months. The first month that indicated a trend in acuity of the calls would be April 2020 due to COVID-19. Only a slight increase in number of calls. VOA noted a slight increase in the last 10 days of calls. However, acuity is what VOA is reporting as notably increased since end of April.
- Discussion of outstanding ITA Court billings from King County and North Sound in first quarter billing.
- Initial approved budget had \$100,000 dollars that were not allocated to a specific expense to allow for use in areas which may need more funding. Noted all unused block grant funding will be returned to the HCA which is another reason to make mid-year budget adjustments to ensure all block grant funds are kept within our community. If we receive the invoices from providers and reviewed how funding was allocated, we would be able to re-allocate the residual block grant funding.
- Reviewed, attachment 6.c.2 which reflects proposed changes to the budget. Refer to above color coding references.

- Reviewed how DMA funding is allocated. From the State to local public offices, SBH-ASO, Kitsap Prevention, and several other entities.
- Line item, Cost Sharing, references individuals that have inactive Medicaid, in spenddown or suspended. Recently became an eligible SABG expense. MHBG includes this reimbursement.
- ASO Enhancement Payments is in reference to Senate Bill 6032, previously MH enhancement funds. In 2018, the legislature approved additional enhancement monies to the BHO's. Our region received 3.1 million for a year. In 2020, the Medicaid enhancement goes to the MCO's whereas the non-Medicaid enhancement funds come to SBH-ASO. We contract this money out to the 4 mental health agencies for recruitment and retention.

MOTION: Commissioner Greg Brotherton moved to approve SBH-ASO Non-Medicaid July 1 – December 31 Budget Update. Theresa Lehman seconded the motion. Motion carried unanimously.

Informational Items

➤ SALISH PROVIDER NETWORK UPDATE

The Salish Provider Network continues to be engaged and working diligently to provide services in this uncertain landscape. Some providers closed doors and suspended services in mid-March. Providers were faced with challenges related to the access of Personal Protective Equipment, strategizing how to serve individuals while not putting staff at risk, navigating privacy issues, among other issues. Each agency had to develop safety protocols for their respective agencies. This led to varied service access through the end of March. Salish BH-ASO developed and maintained the attached grid to track the changes for providers and the community.

SBH-ASO Crisis Teams have remained staffed. Statewide there has been a decrease in crisis contacts and ITA investigations. Washington State has allowed video involuntary treatment investigations as part of the COVID-19 response. Our region is prepared and has the ability to follow this protocol as needed. We have not yet had a video ITA evaluation in region. There has been no increase in calls to the Salish Regional Crisis Line at this time. Providers are starting to see an increase in tenor/tone on crisis contacts. Staff will continue to monitor and provide support as needed.

Washington Health Care Authority waivers were put in place to allow for continuity in services to include the use of telehealth/telemedicine services in lieu of face to face contact and direction on billing/coding. The U.S Department of Health and Human Services (HHS) released "Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency" which addressed HIPPA Privacy Restrictions that limited the type of technologies that could be used to deliver treatment services.

In mid-March, HCA began facilitating a weekly call for all providers to address areas of concern and answer direct questions related to COVID-19. In May, this call has reduced to every other week. Numerous guidance documents and FAQs have been provided by HCA for Providers. HCA also offered ZOOM platform accounts to providers to facilitate telehealth access. SBH-ASO Providers have been actively engaged in these conversations and processes.

All agencies in the Salish BH-ASO region are currently providing services through telehealth in combination with some face to face, outreach, etc. This started with phone calls to check in and

manage individual needs. Many agencies are now providing their full array services through electronic platforms. This includes individual and group treatment, assessments, and case management. There are still significant limits on urinalysis, day treatment, and outreach services.

- Reviewed attachment 7.a excel document as an ever-changing listing of changes and updates from our providers regarding impacts or changes in treatment services in our region. It was noted that Jolene Kron, Deputy Administrator and Clinical Director, provided a lot of support and oversight during the initial COVID-19 crisis while Stephanie was partnering with the Kitsap County Emergency Response.
- Crisis Teams remain staffed. Communities were able to provide PPE, noted hospitals were gracious to help support our crisis providers. All our crisis agencies have an ability to do video ITA. We have not had a video ITA within our region. Noted less referrals for ITA due to COVID and increased attempts to find less restrictive options for care outside of a hospital setting.
- Acknowledgment to all our providers during this COVID crisis on how they have been responsive, participatory, and supporting our community members.
- The treatment services with coverage difficulties during COVID crisis are providing Urinary Drug Screen (UDS), Day Treatment services, and non-mandatory outreach services.
- Reviewed COVID-19 specific temporary and state/federal waivers in both Mental Health and Substance Use, has increased access and is recommended to continue to monitor and support.

➤ **STATEWIDE HIGH-LEVEL ANALYSIS OF FORECASTED BEHAVIORAL HEALTH IMPACTS FROM COVID-19**

State and Federal Health Officials are forecasting notable behavioral health impacts from the COVID-19 outbreak, as well as related government actions. Attached is a high-level summary released by the Washington State Department of Health in April. Salish Medical Director, Dr. Glenn Lippman, will present to the Board and further expand upon this high-level summary of forecasted physical and behavioral health impacts from the outbreak.

Reviewed Attachments 7.b and PowerPoint provided by Dr. Glenn Lippman, SBH-ASO Medical Director.

Discussed if there are any sociological efforts or activities to prevent or reduce the impacts of COVID. Reviewed that this situation has never happened and there are only suggestions, no specific evidence-based practices. Recommended that leadership and others model behaviors to help show support. Discussed youth and encouraging continued support from teachers and educational systems. Noted 25 years ago, Spokane promoted a citizen's gate-keepers model to help identify those who are in distress or in need of support. It was an opportunity for citizens to note change, seek resources, and help.

Discussed COVID-19 funding for our region. Reviewed community members who do not have knowledge of the behavioral health system and/or community resources to help them during COVID-19.

➤ **EMERGENCY AMENDMENT OF WACS 182-538-060 AND 182-538-067**

On April 17th, during an HCA/MCO/ASO call, the HCA shared that an Emergency Ruling

that amends WACs 182-538-060 and 182-538-067. HCA Assistant Medicaid Director, Jason McGill, reported that this emergency ruling was driven by several factors. The HCA is anticipating a notable increase in the number of Washingtonians that will become Medicaid eligible due to unemployment. Additionally, the HCA is focusing additional attention on ensuring timely access to physical and behavioral health care for Medicaid enrollees, as well as monitoring MCO performance which has been an increasing concern.

As a result of this Emergency Ruling, the HCA has released an RFP for Managed Care Organizations that will allow for the entrance of additional MCOs into regions that don't already have all 5 IMC MCOs. The RFP was released in late April and responses from MCOs are due by July 1, 2020. If successful, the MCOs, Coordinated Care and/or Community Health Plan of Washington (CHPW), could be granted an Apple Health Medicaid Contract for the Salish Region effective 1/1/21. This would require the SBH-ASO to negotiate additional MCO contracts and will increase the administrative complexity and burden. Additionally, if local providers intend to continue to serve all Managed Care Medicaid enrollees, they too would need to contract with the added Managed Care Plans.

MCO's proposal submissions must include an MOU or contract with the Region's BH-ASO. Community Health Plan of Washington (CHPW) reached out to SBH-ASO and preliminary meetings have begun. Coordinated Care of Washington (CCW) has not yet reached out.

- Reviewed attachment 7.c.

➤ **HCA TECHNICAL ASSISTANCE MONITORING (TAM)**

The first official monitoring activity performed by the HCA for Salish BH-ASO will be "Technical Assistance Monitoring" or TAM. Subsequent HCA monitoring will be in the form of Annual Reviews. HCA conducts its TAM similar to the Readiness Review that Salish just completed in October. Staff is creating a work plan to identify the documents and processes requiring the most attention. The timeline for Salish's TAM was as follows:

- February 27, 2020- Documents to SBH-ASO from HCA
- March 30, 2020- Documents to HCA from SBH-ASO
- April 28, 2020- HCA on-site monitoring of SBH-ASO

On March 11th, staff reached out to the HCA to express concerns regarding conflicting demands of preparing for the TAM versus providing support to the local community in response to the pandemic. Staff requested that the HCA consider postponing the TAM to allow staff to refocus its time on supporting local providers and the broader community. The HCA responded later that same day and announced the temporary suspension of TAMs for all on-time ASOs. The HCA also noted that, they intended to resume TAM activities at a later date.

On April 24th, HCA informed Salish that activities for the TAM would resume. Staff expressed concern regarding HCA's timing with resuming its monitoring activities and it seemingly contradicted with multiple requests from HCA Leadership for ASOs to wholeheartedly support their local behavioral health system.

Regardless, the TAM continues. Salish submitted requested documentation on May 18th and will participate in on-site monitoring on June 30th.

PUBLIC COMMENT

- Steve Workman appreciated all the work that SBH-ASO and Executive Board has done. Recommended a public service announcement regarding the COVID-19 response.
- Helen Havens appreciated all the work that Stephanie and Jolene have done for the community. Noted that ESD is doing work with youth and families in our community. Requested feedback regarding BAART contracting and is there any loss of SUD treatment providers in our region which would account for underutilization.
 - Noted ABHS Specialty Services III a withdrawal management provider is going to be closing their withdrawal management; however, they are expanding their Specialty Services II SUD residential services.
 - Staff could not speak to why BAART did not sign their contract.. Noted SBH-ASO followed up on outstanding contract several times. SBH-ASO will continue to fund OTP services provided by BAART on an invoice only basis.

GOOD OF THE ORDER

- Commissioner Greg Brotherton noted support to continue this meeting platform and process. Appreciated the work
- Commissioner Mark Ozias noted appreciation and creativity of the SBH-ASO staff during COVID-19. In ongoing efforts to improve relations and communications with the HCA, the HCA is setting up a legislatively established advisory committee. Commissioner Ozias will be participating on that state-wide advisory board. In addition, noted participation with Association of Counties and in association with Island Counties to foster a different relationship with the HCA. First virtual meeting next week. Hopeful to see how this evolves and will provide feedback to the SBH-ASO Executive Board.
- The next meeting for the Salish BH-ASO Executive Board is July 17th, 2020 at 9:00 a.m.

ADJOURNMENT – Consensus for adjournment at 11:04 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Joe Roszak, KMHS
Robert Welch, Interim Tribal Representative	Glenn Lippman, SBH-ASO Medical Director	Lori Fleming, Jeff Co. CHIP
Theresa Lehman, Tribal Representative	Martiann Lewis, SBH-ASO Staff	
Excused	Doug Washburn, Kitsap Human Services	G'Nell Ashley, Reflections
Commissioner Robert Gelder		Steve Workman
Celeste Shoenthaler, OCH Executive Director		Helen Havens

NOTE: These meeting notes are not verbatim.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: TELEMEDICINE

Policy Number: CL208

Effective Date: 3/20/20

Revision Dates:

Reviewed Date:

Executive Board Approval Dates: In effect, but Pending Approval

DEFINITIONS

Telemedicine - the delivery of health care services through the use of HIPAA compliant interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis consultation or treatment.

Telehealth - an umbrella term that includes telemedicine as well as other temporary policies, including technologies that may not be HIPAA compliant and may not be conducted through interactive audio-video exchange including other forms of telehealth such as, on-line digital exchange through a patient portal, telephone calls, Face-Time, Skype, or email.

POLICY

SBH-ASO accepts encounters and approves claims for medically necessary services through Telemedicine when the service is provided by a network provider within their scope of practice, for non-crisis behavioral health services, within Available Resources. A provider must be licensed in Washington State to provide and bill for telemedicine or telehealth services.

SBH-ASO temporarily accepts, for the duration of the COVID-19 Pandemic, encounters and approves claims for medically necessary services provided via other telehealth modalities, including non-HIPAA compliant real-time audio/video, audio only, email and patient portal, when the service is provided by a network provider within their scope of practice, for non-crisis behavioral health services, within Available Resources.

This SBH-ASO policy reinforces the HCA's current policies regarding telemedicine as defined in WAC 182-531-1730 and covers the new telehealth policies as provided through the HCA on-going publications and "FAQ" documents.

PROCEDURE

SBH-ASO will accept encounters in accordance with HCA Service Encounter Reporting Instructions (SERI) which includes service delivery via telemedicine modalities.

Modalities that are not eligible to be rendered via telemedicine include:

- Day Support
- Mental Health Clubhouse
- Mental Health Residential Treatment
- Substance Use Disorder Residential Treatment

SBH-ASO will accept encounters in accordance with Apple Health (Medicaid) clinical policy and billing for COVID-19 (Revised June 9, 2020).

SBH-ASO will reimburse for services delivered via telemedicine on par with face-to-face service delivery reimbursement rates.

SBH-ASO providers will continue to obtain consent for treatment from clients including for those individuals who are receiving treatment exclusively through telemedicine. For those instances, providers shall document in the individual's clinical record the means by which consent was obtained (e.g., verbal, email, mail). Providers shall follow-up verbal consents with written confirmation of consent immediately upon resuming in-person treatment modalities.

SBH-ASO will provide routine and timely updates to the Salish Provider Network on HCA Billing and Policy changes related to COVID-19.

Summary of Non-Medicaid Expenditures - July 1 - December 31, 2020

Budget Approved in May		Revised Budget		Comments
Crisis Line	\$70,000.00	Crisis Line	\$100,000.00	Increased by \$30,000 due to increasing call volume
Crisis Response/Mobile Outreach	\$578,000.00	Crisis Response/Mobile Outreach	\$927,000.00	Increased by \$349,000 to match Medicaid compensation
Total Crisis	\$648,000.00	Total Crisis	\$1,027,000.00	
Involuntary Psychiatric Inpatient	\$840,000.00	Involuntary Psychiatric Inpatient	\$840,000.00	
ITA Secure Withdrawal Management	\$43,014.00	ITA Secure Withdrawal Management	\$50,796.00	Increased by \$7,782 to correspond with HCA funding
ITA Court Costs	\$163,746.00	ITA Court Costs	\$163,967.00	
Total Involuntary	\$1,046,760.00	Total Involuntary	\$1,054,763.00	
Crisis Stabilization/Triage	\$150,750.00	Crisis Stabilization/Triage	\$108,225.00	Decreased by \$42,525 and reallocated to Crisis Response
MH Residential	\$142,350.00	MH Residential	\$142,350.00	
SUD Residential	\$121,800.00	SUD Residential	\$91,000.00	Decreased by \$30,800 and reallocated to Crisis Response
SUD Withdrawal Management	\$29,600.00	SUD Withdrawal Management	\$28,898.00	Decreased by \$702 and reallocated to Crisis Response
Total Residential	\$444,500.00	Total Residential	\$370,473.00	
MH Outpatient	\$247,834.00	MH Outpatient (Only LRO Monitoring and PACT)	\$100,380.00	Decreased \$147,454 and reallocated to Crisis Response
SUD Outpatient (includes OTP)	\$130,225.00	SUD Outpatient (includes OTP)	\$158,562.00	Increased by \$28,337 to align with 2nd Quarter Utilization
Total Outpatient	\$378,059.00	Total Outpatient	\$258,942.00	
PPW Childcare	\$40,000.00	PPW Childcare	\$40,000.00	
PPW Housing Support	\$35,000.00	PPW Housing Support	\$35,000.00	
Transportation	\$10,000.00	Transportation	\$9,000.00	Decreased by \$1,000 and reallocated to Crisis Response
Youth Treatment Supports	\$45,000.00	Youth Treatment Supports	\$40,000.00	Decreased by \$5,000 and reallocated to Crisis Response
SUD Recovery Supports	\$130,000.00	SUD Recovery Supports	\$124,000.00	
CJTA	\$236,340.00	CJTA	\$350,190.00	Increased by \$113,850 to correspond with HCA funding
E&T Discharge Planners	\$71,529.00	E&T Discharge Planners	\$71,529.00	
Peer Bridger	\$80,000.00	Peer Bridger	\$80,000.00	
ASO Enhancement Payments	\$109,956.00	ASO Enhancement Payments	\$109,956.00	

Trueblood Misdemeanor Diversion	\$72,000.00	Trueblood Misdemeanor Diversion	\$0.00	All reallocated to Crisis Response
Jail Services	\$57,834.00	Jail Services	\$57,366.00	Decreased by \$468 to correspond with HCA funding
Behavioral Health Advisory Board	\$19,998.00	Behavioral Health Advisory Board	\$19,998.00	
Community Education/Training	\$9,000.00	Community Education/Training	\$8,400.00	Decreased by \$600 and reallocated to Crisis Response
FYSPRT	\$37,500.00	FYSPRT	\$37,500.00	
OMBUDS	\$22,500.00	OMBUDS	\$22,500.00	
Interpreter Services	\$2,000.00	Interpreter Services	\$2,000.00	
Cost Sharing	\$50,000.00	Cost Sharing	\$9,000.00	Decreased by \$41,000 and reallocated to Crisis Response
	\$0.00		\$0.00	
Total Miscellaenous	\$768,657.00	Total Miscellaenous	\$768,439.00	
BH-ASO Administration	\$403,344.00	BH-ASO Administration	\$420,352.00	
BH-ASO Direct Support	\$163,166.00	BH-ASO Direct Support	\$171,701.00	
BH-ASO Admin & Direct Support	\$566,510.00	BH-ASO Admin & Direct Support	\$592,053.00	
Total Expenditures	\$3,982,486.00	Total Expenditures	\$4,195,670.00	



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, September 18, 2020
TIME: 9:00 AM – 11:00 AM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting: <https://zoom.us/j/94695838609>

Meeting ID: 946 9583 8609

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 946 9583 8609

A G E N D A

Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Notes for July 17, 2020 (Attachment 5)
6. Informational Items
 - a. SBH-ASO Regional Provider Update (Attachment 6.a)
 - b. SBH-ASO 2020 Budget Update
 - c. Update on Statewide Behavioral Health Forecast (Attachment 6.c)
 - d. Preliminary SBH-ASO 2021 Budget
 - e. Early Warning System Workgroup & Development of New Regional IMC Forum
 - f. Behavioral Health System Coordination Committee
7. Action Items
 - a. SBH-ASO 2021 Substance Use Disorder Request for Proposal (RFP) (Attachment 7.a)
 - b. SAMSHA Emergency Behavioral Health Funds
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

September 18, 2020

Informational Items

A. SBH-ASO REGIONAL PROVIDER UPDATE

Behavioral Health Service Delivery during COVID-19.

- Agencies are working diligently to safely provide behavioral health services within our communities. Telehealth is still the primary mode of service provision across many providers. Many agencies have also worked with HCA to access additional cell phones and minutes for client use, as well as, agency Zoom subscriptions to facilitate telehealth access. Staff are hearing reports from agencies that some individuals are starting to experience fatigue with remote options and seeking to return to in-person treatment. Some providers are starting to experience a decrease in engagement via electronic platforms.

Agencies have reported challenges with staff feeling uncomfortable reporting to work, requiring leave due to children at home, and out of work due to quarantine. There is a significant increase in staff stress across all providers as in many work arenas. In a field where staff burnout is not uncommon, the increased stress due to COVID has increased the need for staff support.

Substance use disorder (SUD) treatment agencies are reporting an increase in SUD service requests across all payors. One provider in Kitsap reported a nearly 25% increase across all payors.

- Requests and referrals for Crisis Outreach Services, in general, decreased briefly in March and April. Whereas in May, requests and referrals to local crisis teams began to increase and the volume of calls to the Salish Regional Crisis Line notably increased.

Crisis System and Involuntary Treatment Update

- As noted above, the number of calls to the Salish Regional Crisis Line significantly increased in May. Required call metrics for Salish Regional Crisis Line have continued to be a challenge. The volume of calls has slowly started to decrease since the month of May but has not returned to the lower volume that was previously forecasted. And, while the volume of calls is slowly decreasing, the length of call, or “talk time,” has continued to increase. Staff increased this contractor’s funding to support the increase in volume.

Salish Regional Crisis Line contractor, Volunteers of America (VOA), reports challenges with staffing due to COVID call outs (due to illness, anxiety, and/or quarantine). With the increase in funding from SBH-ASO, VOA has hired new staff who are close to completing training and going live on the call center. They are also working on a cloud platform that will allow for individuals to work from home. Currently call center staff are required to be on-site.

Staff will review current Salish Regional Crisis Line metrics compared to contract requirements.

- Staff has seen an increase in involuntary Psychiatric Inpatient Treatment stays since March 2020. There was a pause in April, presumed to be due to COVID. Then, there was a significant jump in the number of authorized bed days in May. Since May, the inpatient utilization has remained at that higher level. Providers report the acuity of symptoms in individuals they encounter is higher. This may be due to not accessing regular treatment, avoidance of hospital stays due to COVID, and families and the community not seeking assistance as early as they may have in the past.

Staff will review Involuntary Psychiatric Treatment investigation data for January-June 2019 versus January-June 2020.

- There has also been an increase in Single Bed Certifications (SBC) since May. Single bed certifications occur when a psychiatric facility bed is not available during an ITA. Providers report SBC may be impacted by slower transfers to facilities due to requirements for COVID-19 testing and decrease in available beds due to physical distancing requirement.

Staff will review Involuntary Detention and Single Bed Certification data for January-June 2019 versus January-June 2020.

B. SBH-ASO 2020 BUDGET UPDATE

- The initial SBH-ASO 2020 budget which was approved by the Executive Board in November 2019 included \$1,300,000 for Involuntary Psychiatric Inpatient Treatment. The budget update approved by the Executive Board in May, increased the budget for Involuntary Psychiatric Inpatient Treatment to \$1,490,000 for the calendar year. Many Evaluation and Treatment Centers and Community Hospitals have not been following SBH-ASO's Utilization Management requirements and have not been submitting notification requests when serving a SBH-ASO individual at their facility. This has made it exceptionally difficult to monitor ITA Inpatient Treatment Utilization and Expenses. SBH-ASO is required to pay for Involuntary Treatment Services regardless of a facilities compliance with these standard requirements.

The SBH-ASO Psychiatric ITA Inpatient Authorized Bed Days as of the end of August were: January (145), February (136), March (170), April (75), May (208), June (245), and July (220). If ITA Psychiatric Inpatient Utilization continues steady at July's rate, the SBH-ASO could have as much as \$2,200,000 in ITA Psychiatric Inpatient expenses for calendar year 2020.

Staff believes that the additional ITA Psychiatric Inpatient expenses can be covered this year without cutting additional 2020 behavioral health services. This can be accomplished by using the unspent HCA administrative allowances from January-June 2020 to pay for inpatient treatment costs. Due to allocating a portion of Salish's administrative expenses back to the SBHO for closeout activities, additional SBH-ASO Administrative Funds remain. SBH-ASO also reduced its administrative expenses beginning in September, by a reduction in force. One SBH-ASO staff member, Richelle Jordan, was laid off in August. Lastly, SBH-ASO will utilize \$196,000 in January-June 2020 proviso funds to pay for Inpatient Treatment.

- Another 2020 Budget challenge relates to "reconciliation terms" with the Medicaid Managed Care Organization's (MCO) contracts. SBH-ASO contracts with MCOs to ensure that crisis services are available to their enrollees 24 hours a day, 7 days per week. SBH-ASO subcontracts with local agencies to ensure that these services are available 24/7 to all community members, regardless of insurance status. However, MCO crisis contracts with BH-ASOs include terms that require semi-annual reconciliation. This process compares each MCO's Medicaid Members utilization of crisis services to the overall cost of SBH-ASO crisis system. However, the utilization of crisis services, as a stand-alone measure, does not reflect the actual cost of the "Medicaid portion" of the crisis system.

The reconciliation process jeopardizes the crisis system as it results in Medicaid dollars being recouped from BH-ASOs by MCOs. BH-ASOs have been raising this concern with the HCA for over a year. As of July 1, 2020, HCA removed the reconciliation requirement from MCOs contracts. However, these terms remain in MCO/BH-ASO contracts and MCOs have been resistant to removing the term from their contracts.

Staff will discuss how this process has resulted in fewer Medicaid dollars being available to fund the regional crisis system.

C. UPDATE ON STATEWIDE BEHAVIORAL HEALTH FORECAST

In August, Washington State Department of Health updated its report: *High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19*. This WA DOH analysis has been attached for the Board's reference. Staff will provide a brief summary of key takeaways, timelines and SBH-ASO efforts to respond to the concerning forecast.

D. PRELIMINARY SBH-ASO 2021 BUDGET

Staff created a preliminary 2021 budget based upon current funding allocations in SBH-ASO's contract with HCA. In order to prevent an SBH-ASO fiscal crisis related to continued increases in involuntary treatment costs, the SBH-ASO must refocus on its core responsibilities and mission when budgeting for 2021.

Per contract, SBH-ASO's core responsibilities include:

- Crisis Services (Crisis Hotline, Mobile Crisis Outreach and Involuntary Treatment Investigations)
- Involuntary Treatment (ITA Psychiatric Inpatient, ITA Withdrawal Management, and LRA Monitoring)
- Special Programs with dedicated funding (HARPS, FYSPT, Peer Bridger's, etc.)

In order to prepare for a likely surge in utilization of crisis services and involuntary treatment, additional funding must be budgeted for these expenses in 2021. After this adjustment, there is only \$126,000 remaining for non-mandatory or discretionary services in 2021, and these funds are allocated by the 2021 Substance Use Disorder RFP, which is reviewed later in this agenda packet.

The preliminary 2021 budget planning process has been exceptionally difficult and results in additional cuts to non-mandatory services. These cuts must include: withdrawal management, substance use disorder residential, mental health residential, and facility-based crisis stabilization/triage services. In order to balance the 2021 budget, staff had to also reduce SBH-ASO's administrative/operating expenses, even though these expenses were already below the HCA contract limits.

Staff will discuss this process in greater detail and share other potential short-term grant opportunities that could temporarily fund some of the service cuts identified above.

E. EARLY WARNING SYSTEM WORKGROUP AND DEVELOPMENT OF NEW REGIONAL IMC FORUM

The Early Warning System (EWS) Workgroup was a Health Care Authority required activity for BHOs and BH-ASOs. The purpose of the EWS was to create a process for identifying and resolving early system issues related to the transition to Integrated Managed Care (IMC). A steering committee was created in mid-2019 and included a diverse group of stakeholders. The EWS workgroup convened monthly, beginning in February and concluding in July. During each meeting, data and provider feedback was reviewed from the previous month.

General themes from EWS included: provider concerns about the timeliness of Managed Care Organization's responding to concerns about payment delays and/or incorrect payment amounts, provider concerns about percentage of claims being denied by MCOs and the overall increase in complexity and administrative burden under the IMC structure. At the conclusion of the EWS, many of these provider concerns remained.

In early August, staff reached out to its provider network to inquire about their interest in convening an Integrated Managed Care Problem Solving Forum. Staff suggested that Interlocal Leadership Structure, that was formed in late 2018 and had not convened since the end of 2019, could be restructured to meet this need. Providers expressed interest in convening a Regional IMC Problem Solving Forum. Staff has scheduled an initial virtual meeting with provider leadership for October 9th.

F. BEHAVIORAL HEALTH SYSTEM COORDINATION COMMITTEE

The Behavioral Health System Coordination Committee is legislatively authorized and required. This committee is intended to increase communication, identify challenges and gaps in behavioral healthcare, and provide a forum to gather information to inform the legislature. Stakeholders include County Commissioners, County Council Members, HCA, DSHS, HCA Tribal Affairs, and BH-ASOs. Commissioner Ozias and Staff, Jolene Kron, are participating in this committee and will speak to the process thus far.

Action Items

A. SBH-ASO 2021 SUBSTANCE USE DISORDER REQUEST FOR PROPOSAL (RFP)

SBH-ASO released an RFP on July 1, 2020. The RFP encompassed youth and adult substance use disorder treatment and treatment supports for calendar year 2021. The initial funds available for allocation was \$403,000. However, due to increasing non-Medicaid crisis and involuntary treatment expenses, staff reduced the funds available for allocation to \$126,000.

Four Advisory Board Members volunteered to serve on the RFP Review Committee and the Advisory Board supported the Review Committee's recommendations serving as the entire Board's recommendations.

The SUD RFP Committee convened on the morning of September 4th. The committee included representation from all three counties. The committee reviewed the RFP requirements. The committee discussed the expected funding available and the revised funding available. The committee considered requests proposal scores, community needs, and funds available to meet those needs. The discussion focused on concerns about the quality of some proposals compared to others, utilization reported in the proposals, community need, and regional funding allocation.

Youth services were requested by only one provider. With the recommendation to fully fund the single youth services proposal, \$13,700 of youth funding remains unallocated. All funds were allocated as indicated in the attached table. Staff will review the SUD RFP Overview Table and discuss next steps.

B. SAMSHA EMERGENCY BEHAVIORAL HEALTH FUNDS

HCA has been in communication with BH-ASOs since April regarding the submission of a grant application to SAMHSA for emergency behavioral health funds. These funds are intended to improve access to behavioral health treatment for non-Medicaid individuals. HCA has communicated that the use of these funds is fairly flexible. A minimum of 25% of the funds must be used to support substance abuse treatment. SBH-ASO has yet to receive actual contract terms, yet is preparing to subcontract these funds out as quickly as possible to support the community in 2021.

SBH-ASO anticipates receiving \$140,000 for use through the end of July 2021. With the Board's approval, SBH-ASO intends to use these funds to back-fill services that will be cut in 2021 due to increasing crisis and involuntary treatment costs.

SBH-ASO solicited letters of interest from currently contracted agencies who provide the following services:

- Withdrawal Management
- Crisis Stabilization Services (facility based)
- Brief MH Outpatient Services

Staff seeks approval to contract these funds as quickly as possible upon receipt of its contract, to contract 25% of the funds to support substance use disorder treatment and 75% of the funds to support mental health treatment, based up letters of interest received.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
EXECUTIVE BOARD

Friday, July 17, 2020
9:00 a.m. - 11:00 a.m.
VIRTUAL ONLY: ZOOM Virtual Platform

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:02 a.m.

INTRODUCTIONS – Self introductions were conducted.

ANNOUNCEMENTS – None.

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

APPROVAL of AGENDA – Commissioner Mark Ozias

MOTION: Request Tribal Representative Theresa Lehman moved to approve the agenda as submitted. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES –

MOTION: Commissioner Greg Brotherton moved to approve the meeting notes as submitted for the May 22, 2020 meeting. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **TELEMEDICINE POLICY AND PROCEDURE FOR APPROVAL**

On June 9, 2020, HCA sent communication to BHASOs requiring the completion of a Telehealth Attestation. HCA has implemented temporary policies to expand the type of telecommunications that can be used to provide covered services for the duration of the COVID-19 pandemic. Telehealth can be considered an umbrella term that includes telemedicine as well as these temporary policies. Contractors are required to be compliant with the telehealth policies released by the HCA.

SBH-ASO developed the attached Telemedicine Policy and Procedure in response to HCA's Telehealth Attestation request. Staff requests Board approval of this new Policy.

MOTION: Commissioner Robert Gelder moved to approve Telemedicine Policy and Procedure for Approval. Tribal Representative Theresa Lehman seconded the motion. Motion carried unanimously.

➤ **JULY 1 – DECEMBER 31 BUDGET UPDATE**

During the May 22, 2020, Board Meeting the July-December 2020 Budget was reviewed and approved. Significant budget changes have been urgently necessary since the May Board Meeting. These changes were required to adequately fund the Crisis System.

When the budget for the Crisis System was created last fall, staff analyzed existing SBHO crisis data to determine the amount of Medicaid versus non-Medicaid funding needed to support the SBH-ASO Crisis System. From January-June 2020, Crisis providers compensation was comprised of 70% Medicaid and 30% non-Medicaid funds.

In order to determine if previous crisis system service delivery and coding trends remained consistent under the SBH-ASO structure, an analysis of 2020 crisis services data was necessary. Unfortunately, there had been a serious delay in receiving crisis encounters (crisis services) from providers due to all crisis providers switching to new Electronic Medical Records, as well as SBH-ASO implementing a new data system. An analysis of crisis encounters (crisis services) couldn't be completed until late May. The analysis showed that only 50% of the services provided were eligible to be funded by Medicaid rather than the 70% initially projected. Adjusting the non-Medicaid allocation from 30% to 50% for July 1 – December 31, 2020, requires an additional \$350,000 of non-Medicaid funds. The updated budget reflects \$334,721 in cuts to non-Medicaid non-crisis services. The remaining funds required to support the non-Medicaid portion of the Crisis System were available due to a small increase in General Fund State (GFS) in the July 1, 2020 HCA Contract Amendment.

The most notable and impactful cut was the elimination of Standard Outpatient Mental Health Treatment. Staff convened Mental Health Provider Leadership in early June to review the necessary cuts to be implemented on July 1, 2020.

Staff reviewed the attached July 1- December 31 budget update.

Executive board members discussed the difficult decision making in this proposed budget. Commissioner Ozias discussed meetings to help bolster the communication between Health Care Authority (HCA) and behavioral health programs and appreciated the information of how funding has affected the behavioral health system.

MOTION: Commissioner Robert Gelder moved to approve the July 1-December 31, 2020 Budget update. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **SALISH PROVIDER NETWORK UPDATE**

Use of Telehealth

All Salish providers within the region have been using telehealth as a mode of service delivery. Providers report many youth and young adults are well engaged in the use of telehealth. Some report that telehealth has “lost its novelty” and individuals are not always responsive. Some individuals continue to have challenges with telehealth due to in-person preference, lack of access to broadband, lack of access to necessary tools. Salish Providers have been successful in supplying cell phones that were provided by HCA to individuals to increase access to telehealth treatment. Agencies are working to identify a process for returning to or increasing in-person care in their clinics.

The Behavioral Health Institute at University of Washington conducted a statewide survey about telehealth needs of behavioral health providers. Link was provided for further information: <https://bhi-telehealthresource.uwmedicine.org/>. Reviewed that regions will receive a report specific to responses from regional behavioral health providers to be aware of our own regions

needs.

Community behavioral health agency provided feedback regarding their opinion of the Behavioral Health Institute statewide survey as having lacked focus on the ethical guidelines of providing telehealth. Reporting no provisions specifically to walk-in services, crisis services, and/or meeting face-to-face every 90 days.

Crisis System

Crisis agencies continue to provide 24-hour services within their communities. The number of crisis cases has remained stable for agencies. Agencies do report some increase in acuity in crisis interactions since COVID-19. There have been challenges with staffing at times, though coverage has been maintained at the agency level. Agencies report an increase in stress among staff leading to higher support needs.

The Salish Regional Crisis Line has seen a significant increase in calls in April through June. The calls have increased in volume as well as call length. This has put significant strain on staff. Crisis line staff have remained in the call center since COVID-19 has impacted working environments. Salish BH-ASO has been working with VOA to increase staffing to support coverage due to the on-going call volumes. Efforts to support the Regional Crisis Line have included amending their contracts to allow for additional staff to be hired. Call volumes have remained close to double the projected number since January 1, 2020.

Reviewed spreadsheet, Crisis Calls Data from March to June 2020, to support the increasing demand for Crisis Services specific to the Salish Regional Crisis Line. Staff are seeing the number of calls has doubled to the Salish Regional Crisis Line compared to the number of calls the SBH-ASO estimated. Reviewed the abandonment rate was nearly 14.60% in June. The increase in abandonment rate is due to the rate of incoming calls and need for increased staffing. SBH-ASO amended the Volunteers of America (VOA) contract based on these increases in calls, and this increased expense was included in the July 1 – December 31 Budget reviewed and approved above. SBH-ASO will continue to closely monitor and address the issues as they arise.

Executive board requested to review Crisis Call Data on an ongoing basis and to also include notations of the metrics that are expected to be met within the data presentation

Discussed Olympic Community of Health (OCH) behavioral health collaboration call and provided a link to the most recent Behavioral collaboration call located on the OCH blog:

<https://www.olympicch.org/blog-1>.

Substance Use Disorder Providers

Substance use disorder agencies have reported an increase in individuals seeking services from all payer sources. Several agencies are providing services via a hybrid of telehealth and face to face modalities. Several agencies have reopened to offer urinalysis services. Many groups and individual services continue to be provided via telehealth. We have had one agency report a positive COVID-19 case that impacted access to face to face care.

Opiate Treatment Program (OTP), BAART, is serving 100 individuals with 150 still on the waitlist, at its Bremerton Clinic. Due to the length of the waiting list, they have moved to a walk-in admission protocol where the first 3-4 individuals presenting at the clinic receive an intake on

Tuesday, Wednesday, and Thursday. At last report, the Port Angeles clinic was serving 140 individuals.

BAART OTP Services were not interrupted to COVID-19 services.

➤ **SUICIDE ASSESSMENT AND INTERVENTION TRAINING**

In response to the concerning statewide projections regarding anticipated notable increases in behavioral health distress and suicide rates due to COVID-19, Salish began researching options for facilitating suicide prevention trainings. Staff will share Salish's plan for offering 6 regional virtual trainings this summer. Three trainings will be tailored to licensed behavioral health professionals and three trainings will be tailored towards general community members.

➤ **SBH-ASO OPERATING RESERVES**

On June 11, 2020, Salish received a contract amendment from the Health Care Authority which contained \$942,786 in SBH-ASO Reserve funds. These funds will be even more critical as SBH-ASO supports the crisis system and the community during such unprecedented times.

➤ **HCA TECHNICAL ASSISTANCE MONITORING (TAM)**

The first official monitoring activity performed by the HCA for Salish BH-ASO was "Technical Assistance Monitoring" or TAM. Subsequent HCA monitoring will be in the form of Annual Reviews. HCA conducts its TAM similar to the Readiness Review that Salish completed in October.

HCA provided Salish with a document request in April and Salish staff submitted the requested documentation on May 18th. On June 30th, HCA conducted its Technical Assistance Monitoring via the Zoom platform. Staff discussed the HCA's favorable feedback on Salish's TAM Performance. SBH-ASO performed well on its first audit and received no requests for corrective action.

➤ **BEHAVIORAL HEALTH ADVISORY BOARD UPDATE**

Lois Hoell was elected Chair of the BH-ASO Advisory Board at the June 3rd Meeting. In 2020, Advisory Board Meetings have been held in February and June. BHAB Chair or Staff will provide an update.

Executive board congratulated and extended gratitude to Lois Howell on the election.

PUBLIC COMMENT

- None.

GOOD OF THE ORDER

- Commissioner Greg Brotherton Request for Dr. Lippman's PowerPoint presentation from May 22, 2020 Executive Board meeting.
- Commissioner Mark Ozias noted Stephanie Lewis, SBH-ASO, participation in the Clallam County advisory board.
- The next meeting for the Salish BH-ASO Executive Board is Friday, September 18th, 2020 at 9:00 a.m.

ADJOURNMENT – Consensus for adjournment at 10:41 a.m.

ATTENDANCE

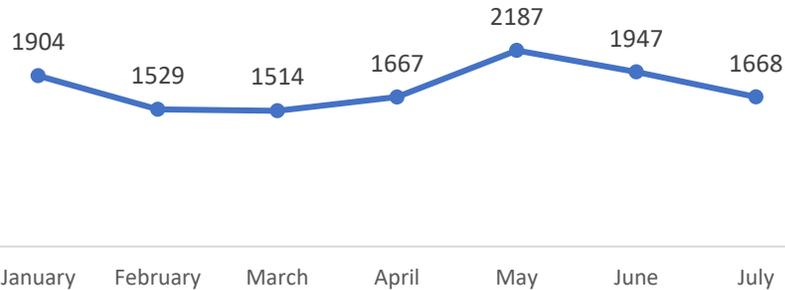
BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board Chair
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Joe Roszak, KMHS
Commissioner Robert Gelder	Richelle Jordan, SBH-ASO Staff	Lori Fleming, Jeff Co. CHIP
	Martiann Lewis, SBH-ASO Staff	Colleen Bradley, PAVE
Theresa Lehman, Tribal Representative	Doug Washburn, Kitsap Human Services	Jesi Campbell, Ombuds
Celeste Schoenthaler, OCH Executive Director		Robert Welch, Jamestown S’Klallam Director of Social and Community Services
<i>None Excused.</i>		Helen Havens

NOTE: These meeting notes are not verbatim.

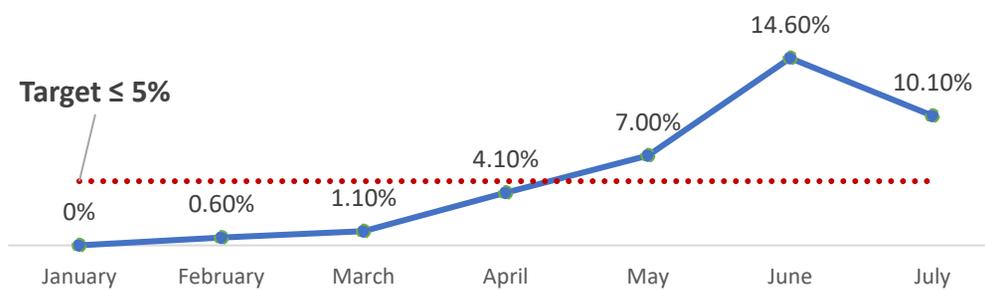


Salish BH-ASO Regional Crisis Line Call Data

of incoming calls



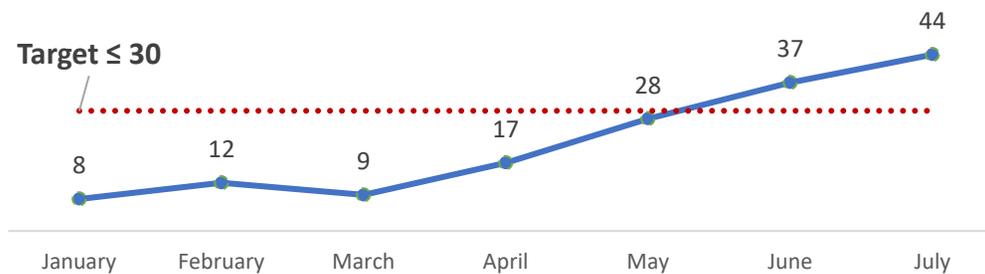
Abandonment Rate



of calls answered



Average Wait Time (Seconds)



of calls answered timeliness (≤ 30 seconds)



Source: BH-ASO

AUGUST UPDATE

Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19

Purpose

This document provides a brief overview of the potential statewide behavioral health impacts from the COVID-19 pandemic. The intent of this document is to communicate potential behavioral health impacts to response planners and organizations or individuals who are responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic.

Bottom Line Up Front

- The COVID-19 pandemic continues to strongly influence behavioral health symptoms and behaviors across the state due to its far-reaching medical, economic, social, and political consequences. This forecast is heavily informed by disaster research and response and the latest national and international data and findings specific to this pandemic. Updates will be made monthly to reflect changes in baseline data.
- Ongoing behavioral health impacts in Washington will likely be seen in phases (see Figure 1 and Figure 2), peaking around 6–9 months after the initial outbreak.^{1,2} This will likely coincide with a potential increase in infections in the fall months when more people are indoors, which is a pattern consistent with previous pandemics.
- Washington is currently experiencing a slow extension of the first wave of the pandemic as represented by a continuous and steady increase in COVID-19 cases following the phased reopening that began in June 2020.
- Heading into the fall months of 2020, the behavioral health outcomes from COVID-19 for most people are related to experiences of social isolation, fears of the unknowns around further restrictions and economic losses, and stress and pressure related to the balance of childcare and work. However, this may change as COVID-19 cases continue to increase, increasing medical risks for greater numbers of people³ and relapses related to addiction.^{4,5,6}
- Experiences of social isolation are associated with increased behavioral health problems, such as depression, anxiety, mood disorders, psychological distress, post-traumatic stress disorder (PTSD), insomnia, fear, stigmatization, low self-esteem, and lack of self-control.³



DOH 820-097 August 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Reactions and Behavioral Health Symptoms in Disasters

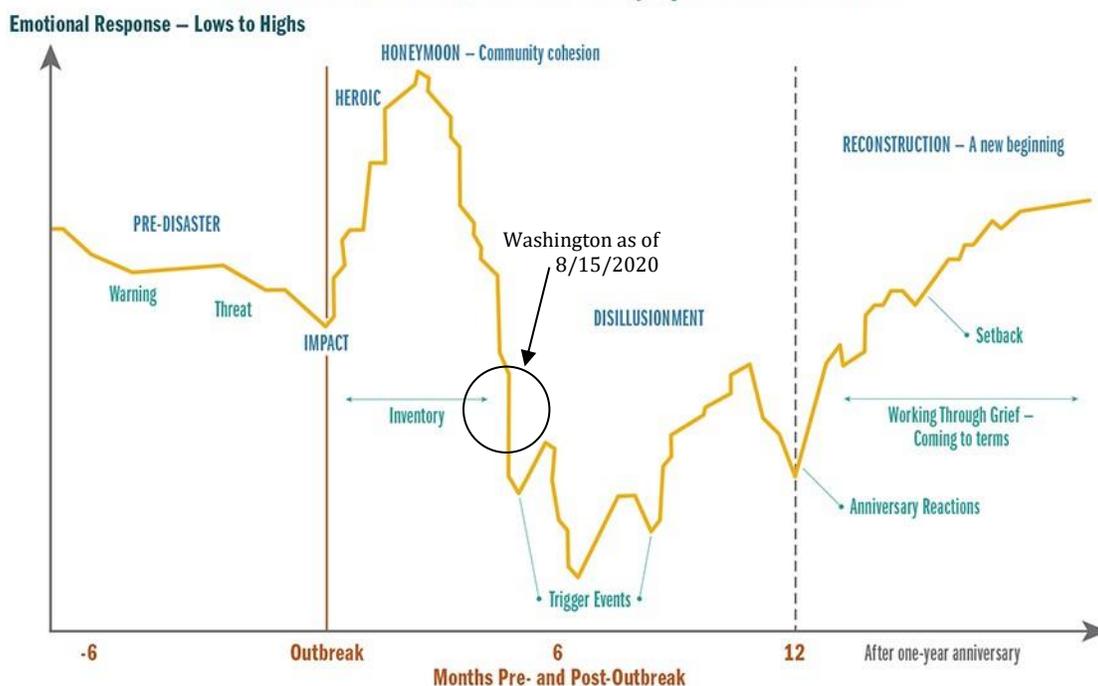


Figure 1: Phases of reactions and behavioral health symptoms in disasters. Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)⁷

Phase-Related Behavioral Health Considerations

Behavioral health symptoms will likely present in phases.^{1,2} For each phase in the disaster response and recovery cycle, there are known corresponding behavioral health symptoms and experiences for many people in the affected community. As the COVID-19 pandemic is a natural disaster impacting us on a national level, **every individual and community is affected in some way.** The unique characteristics of this pandemic are trending towards depression as a significant behavioral health outcome in Washington. This may change dramatically if there is a drastic increase in the number of COVID-19 cases in September and October. In that case, increased symptoms of anxiety and post-traumatic stress disorder (PTSD) related to fears of illness or death from the virus will likely result.^{8,9}

Certain populations, such as ethnic and racial minorities, disadvantaged groups, those of lower socioeconomic status, and essential workers, are experiencing disproportionately more significant behavioral health impacts.^{10,11,12,13,14} Healthcare workers, law enforcement officers, educators, and people recovering from critical care may experience greater behavioral health impacts than the general population. The [COVID-19 Behavioral Health Group Impact Reference Guide](#) (DOH publication number 821-104) provides detailed information on how people in specific occupations and social roles are uniquely impacted.

The Disillusionment Phase of Disaster Response & Recovery

Moving into the *disillusionment phase* can be uncomfortable and challenging for communities. During this time, individuals, groups (non-profits and other organizations), and businesses are often confronted with the limitations of disaster assistance and support. Individuals and communities may feel abandoned as the gap between community needs and available

resources widens. As we move towards the fourth quarter of 2020, financial resources that were more plentiful in earlier phases may be limited or nonexistent.

Depression is one of the most common emotional responses heading into the disillusionment phase. In Washington, the beginning of this phase coincides with changes in seasonal conditions, as daylight hours become shorter and the weather worsens. The combination of these circumstances is likely to result in an increase in symptoms of seasonal affective disorder.¹⁵

In September, it is likely that socially disruptive behaviors will continue to be seen on a larger community scale as one expression of *emotional burnout* due to the length and pervasiveness of the pandemic, stressors related to economic pressures, and divisiveness among people and groups. Substance use will continue to be a problematic coping choice for many, with the potential for further increases moving into the late months of 2020.

Law enforcement is likely to continue seeing a disproportionate increase in violent crimes compared to this time period in 2019.¹⁶ Sadness and grief or loss are the most common experiences for many individuals in the disillusionment phase. Law enforcement officers may see a higher number of calls related to suicide during this time.

If COVID-19 cases dramatically increase in the fall months, along with resulting significant social and economic disruption, one of the large-scale outcomes will likely include a *trauma cascade*. This is a situation in which parts of the disaster recovery cycle can be repeated or prolonged, during which people may have a reduced ability to emotionally recover from the disaster due to additional or ongoing impacts on their lives.^{1,17,18}

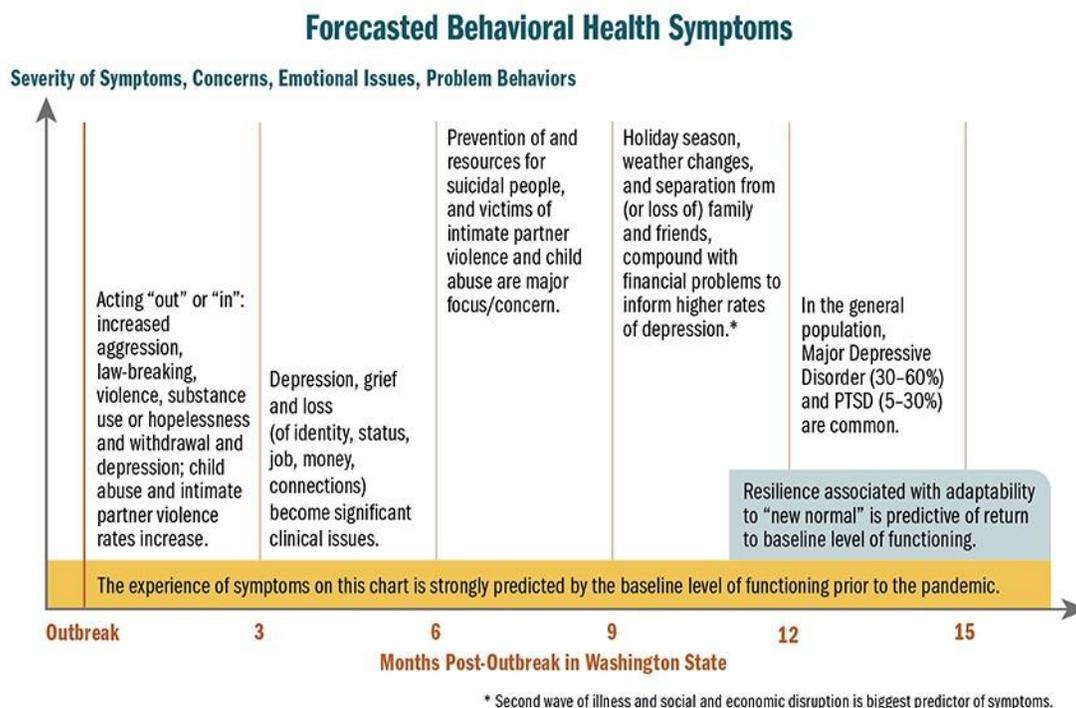


Figure 2: Forecasted behavioral health symptoms.

Specific Areas of Focus for August and September 2020

Children and Families

Resuming Academic Instruction: In-Person and Distance Learning

The decision around in-person or distance learning is difficult for parents and school districts alike. Both options present unique benefits and risks. Regardless of how instruction is delivered, children often struggle with their behavior, mood, and learning when they are in the middle of a disaster.

Common, short-term responses you might see in children include the following:^{19,20,21}

- Difficulty paying attention, having a hard time focusing on schoolwork
- Trouble remembering what they learned, trouble remembering to complete tasks
- Too much energy, acting too silly
- Feeling really tired all of the time, having a hard time sleeping
- Stomachaches or headaches
- Being irritable, cranky, crying often, or having tantrums
- Blurting, having a hard time thinking before they act

Many parents and caregivers have very strong feelings about in-person versus distance learning. Despite disagreement about which method of learning is best, almost everyone is worried for their children's health, safety, and development during this time. When weighing the merits of each learning option for students, it is important for parents, caregivers, and schools to consider the ways in which the behavioral health of their children is being affected by the pandemic, and the impacts to their students' ability to learn, retain new information, and advance academically. Refer to the [COVID-19 Behavioral Health Toolbox for Families](#) for tips on how to navigate some of the emotional responses that families may experience during the COVID-19 pandemic. The toolbox provides general information about common emotional reactions of children, teens, and families during disasters. Families, parents, caregivers, and educators can use this information to help children, teens, and families recover from disasters and grow stronger.

Child Abuse

Child abuse and domestic violence increase significantly in post-disaster settings, such as the COVID-19 pandemic.^{22,23} Traumatic brain injuries (TBIs) are the most common form of injury due to child abuse after a disaster. In a virtual learning setting, an abuser may be present during all interactions between the child and educator. This may change and limit opportunities to ask directly about abuse and neglect and to make inquiries into whether or not a child feels safe in the home. Typical cues that teachers may use to spot signs of abuse or neglect are often unavailable in a virtual environment.

Signs of child abuse that may be visible in a virtual setting may include the following:

- Abnormal levels of participation in online classes (e.g., being unusually vocal and disruptive, having difficulty paying attention, or being very withdrawn)
- Extremely flat or blunted emotional expression (e.g., not laughing or interacting appropriately to social cues with peers)
- Unusual degree of physical disarray (e.g., clothing is noticeably dirty, not properly fitted, or inappropriate for weather or age; hair or skin is noticeably dirty or unwashed)
- Observable bruising on face, head, neck, hands, wrists, shoulders, or arms

- Excessive sleepiness or lethargy (e.g., putting their head down, excessive yawning, difficulty concentrating, falling asleep during instruction)

Masks and Face Coverings

The spread of COVID-19 is causing many changes and disruptions to daily life. Children and families are navigating complex issues with school, childcare, emotion regulation, and behavior. Another significant change is the statewide mask mandate, requiring everyone age 2 years and older wear a mask or face covering when in a public space.²⁴ While some children won't have any trouble with it, other children may struggle with wearing a face covering. It's a new sensation, it can slip around, and it impacts their natural tendency to put things in their mouth.

Some ways to help a child adjust to mask wearing are to:

- Model the behavior yourself
- Engage children with making or decorating their own masks
- Have them wear the mask for brief periods of time to get used to them (i.e., while dancing to a favorite song)

Refer to the [Helping kids to wear cloth face coverings article](#) and [infographic](#) for more detailed information and ways to support younger children in wearing face coverings.

Parenting and Working from Home

Managing the variety of responsibilities and demands of working from home while also balancing childcare and self-care can be overwhelming and have significant negative effects on behavioral health for children, adolescents, and adults. As we move into the fall months and educational instruction resumes, families with parents and caregivers working from home should try to create a helpful structure in their daily schedule. Establishing a plan or daily schedule for everyone in the household can help create a sense of stability and comfort during a time when there are many unknowns. To the extent that is possible, recognizing that it may not be an option for many people, work areas should be separated from family or home areas with physical boundaries (e.g., doors, room dividers, a separate table) in order to help the brain mentally separate work from home.

Substance Use

Many individuals and communities are experiencing a significant lack of control over their personal and environmental circumstances in the current stage (6–7 months post-impact) of the pandemic. As we move further into the disillusionment stage, the need to manage distressing or difficult feelings related to stress and frustration may become problematic by manifesting in substance use for some. When individuals feel loss of control along with associated stress, worry, and fear, it is very common for those feelings to be expressed outwardly in the form of frustration and anger. These feelings are frequently managed with substance use.

Additionally, mixed messaging at the federal level, messaging from states, and varying degrees of media coverage related to COVID-19 risks and potential outcomes have created a high baseline level of uncertainty within many communities. For many people in Washington, it is likely that the summer months of 2020 will include a significant sense of frustration and higher rates of substance use than might otherwise typically be present. **Most, but not all, substance use issues will be an exacerbation of pre-existing problematic behavior.**²⁵ Given the extended period of unknowns, restrictions associated with the pandemic, and additional stressors

associated with the potential for multiple waves and subsequent disruption, substance use will likely surpass typical post-disaster levels.

Violence and Aggression

Hot weather is often correlated with an increase in physical violence and aggression.²⁶ Coupled with the potential for problematic substance use which tends to reduce impulse control, an increase in the number of physical assaults and property crimes is expected in the summer months as the weather gets warmer, including arson associated with aggression.

As individuals move into the *disillusionment phase*, they often experience several extreme stressors and significant negative events, such as fear of getting sick or loss of loved ones,^{18,27} unemployment,^{17,27} or property loss.^{17,27,28} Individuals often feel powerlessness and a loss of control as a result of these acute experiences.^{27,28} This leads individuals to direct their feelings (like anger, frustration, sadness, fear, and anxiety) either towards themselves by acting “in” or towards others by acting “out.”^{27,28,29} Both self-harm and interpersonal violence increase significantly after disasters.²⁷ This refers to how people are expressing themselves and their emotions in the context of a disaster response timeline, not expressions due to underlying causes or larger-scale social issues, which could also be drivers of behavior.

There is evidence that nationally, people’s behaviors and emotions are intensified by the experience of COVID-19. They are acting in ways they normally wouldn’t in circumstances without the stressors and impacts of the pandemic, which can **intensify** and **magnify** existing feelings of distress, anger, fear, and aggression. There have been significant increases in handgun sales. In Washington, the number of federal background checks for handgun sales was 61% higher in March–July 2020 than the number for the corresponding period in 2019.³⁰ This may present more risk for gun violence, including suicide.³¹ **The most acting “out” behavior related to the COVID-19 pandemic is likely to continue until there is a significant decrease in the number of hot days and an increase in rainy or cooler days.**

Violence against women increases after every type of disaster or emergency.³² Rates of intimate partner violence and child abuse have increased significantly in Washington. Weekly surveys of Washington law enforcement agencies indicate that domestic violence offenses remain elevated at levels 14% higher than those in 2019.³³ However, these data only represent 25–30% of law enforcement agencies any given week. Based on data from previous disasters, it is likely that—even among reporting agencies—the true number of domestic violence cases is significantly higher.

Social Connection, Travel, and Resilience Building

The continued development of *psychological resilience* (adaptability and flexibility, connection, purpose, and hope) in the summer months should be strongly encouraged. New opportunities to spend time outdoors with an increase in warm and pleasant weather should be leveraged when conditions allow. [State health guidelines outline considerations for safe travel](#), and local health departments may also have guidelines. Encouraging people to engage in **healthy outdoor activities as a way of active coping is highly recommended when group size is limited appropriately, safe physical distancing can be maintained, and face coverings are worn.**

Continuing to reconnect and engage with loved ones and family members from whom many people have been separated should also be encouraged when these encounters can be done outdoors, at a safe physical distance, and with appropriate safety measures in place (e.g., hand washing and face coverings).

Community resilience is the capacity of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster. Approximately 50% of Washington residents have one or two risk factors that can threaten resilience, including unemployment, being a single parent, lower socioeconomic brackets, or pre-existing medical conditions.³⁴ Resilience can be actively developed both on individual and community levels. Creative social connection, as part of resilience, can also be encouraged and developed. It can be amplified to increase social connection. This helps reduce behavioral health symptoms and encourages development of active coping skills for the population at large.

The typical long-term response to disaster is **resilience**, rather than disorder.^{1,35} Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups. Resilience can be increased by:³⁶

- Becoming **adaptive** and psychologically **flexible**.
- Focusing on developing social **connections**, big or small.
- Reorienting and developing a sense of **purpose**.
- Focusing on **hope**.

Community support groups, lay volunteers, law enforcement, first responders, and social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population. These should be leveraged to take pressure off of depleted or unavailable professional medical and therapeutic resources throughout 2020.

Specific Areas of Focus for Transition into September 2020

Medical and specialty providers, organizations, and facilities should attempt to develop resources and staffing to address behavioral health impacts of the pandemic. Support strategies need to be tailored based on the current phase of the incident and the target population.

There are a number of additional factors and considerations that impact behavioral health to take into account as fall approaches:

- Ending of some local (county and city) eviction moratoriums, unless deferred, may result in unstable housing and housing crises for people who have experienced unexpected decreases in income or unemployment.
- Ending of federal support programs (e.g., Payroll Protection Act, supply distribution) may cause communities to realize that there are substantial gaps between their needs and available resources.
- An eventual return to baseline levels of functioning for many people should occur around 14 months after the initial outbreak. **This is assuming that the rates of infection do not continue to significantly increase and that a sense of the new normal is underway.**
- In Washington, the highest risk of suicide will likely occur between October and December 2020. This is consistent with known cycles of disaster response patterns. Seasonal affective disorder worsens mental health challenges at this time of year due to increased hours of darkness and inclement weather. Winter holidays can also worsen mental health challenges for many people, as they are often an emotionally and financially difficult time of year.
- Given the current sociopolitical climate, election season will also likely have a strong impact on the behavioral health of Washingtonians.³⁷

Possible Pandemic Wave Scenarios for COVID-19 and Forecasted Behavioral Health Symptoms

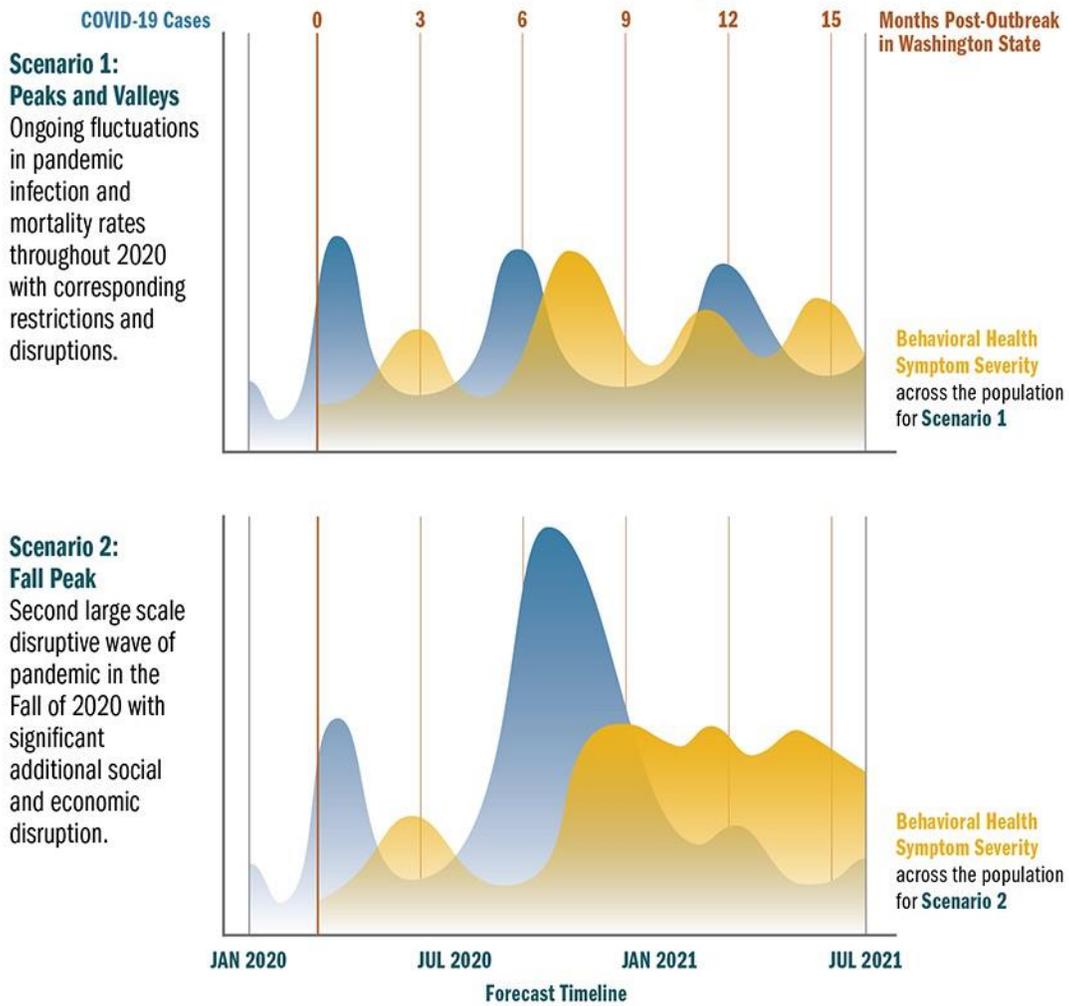


Figure 3: Possible pandemic wave scenarios for COVID-19 and forecasted behavioral health symptoms.

Key Things to Know

- Approximately 650,000 Washingtonians were receiving treatment for behavioral health needs prior to the COVID-19 outbreak.³⁸
- Approximately 700,000 Washingtonians have mental health concerns, but were **not** receiving services prior to the outbreak.³⁸
- While only 4–6% of people typically develop symptoms of PTSD after a disaster (equivalent to 380,000 individuals in Washington), **this number can vary quite a bit depending on the type of disaster. It is often higher among first responders and medical personnel if the disaster is more chronic, widespread, children are hurt or injured, and burnout is likely.**^{39,40}
- Rates of PTSD have been much higher (10–35%) in some places more directly impacted by a critical incident.⁴¹ Although rates of PTSD may not reach such critical levels in Washington, it is anticipated that **rates of depression are likely to be much higher (potentially 30–60% of the general population, which is equivalent to 2.25 million to 4.5 million people in Washington⁴¹) due to the chronic and ongoing social and economic disruption in people’s lives as a result of the COVID-19 pandemic.** This is a much higher rate than typical after a natural disaster where there is a single impact point in time.
- If we are to experience an additional fall peak of illness as a function of this pandemic, significant behavioral health reactions or functional impairments may be experienced by approximately 45% of the population.^{42,43}
- The most common symptoms of trauma in children and teens in the context of disaster recovery include eating too much or too little, difficulty sleeping, having bad dreams or nightmares, sleeping too much or too little, changes in behavior, and difficulty learning and remembering new things. It is also very common for children and youth of all ages to experience some regression, such as acting like they did as a younger child.⁴⁴
- Suicide and drug overdose rates are both highly influenced by unemployment.^{10,45,46,47} For every 1% increase in the unemployment rate, there is a corresponding 1.6% increase in the suicide rate⁴⁵ and an increase of one drug overdose death per 300,000 people.⁴⁶ In Washington, approximately 1,231 people die from suicide annually and 1,173 people die from drug overdose annually.
 - The unemployment rate in Washington was 9.8% in June 2020,⁴⁸ 5.5 percentage points higher than June 2019. If sustained, this could result in an additional 108 deaths annually by suicide and an additional 140 deaths annually by drug overdose.
- In the context of post-disaster recovery, individuals often utilize substances as a way to relieve psychological suffering. As such, disasters are linked to increased use of tobacco, cannabis, and alcohol.⁴⁹
 - Prior to COVID-19, approximately 24% of individuals with mood disorders reported using alcohol or drugs to relieve symptoms, 10% of individuals with an anxiety disorder reported self-medicating with alcohol, 3% of individuals with an anxiety disorder reported self-medicating with alcohol and drugs, and 21% of individuals with PTSD reported using alcohol and other drugs to relieve their psychological symptoms.⁴⁹ **Due to the extended nature of a pandemic, it is likely that self-medication and use of substances of all types will increase significantly over the next 6–9 months.**
 - As compared to June 2019, cannabis tax collections for June 2020 were up 31%.⁵⁰ There has also been a corresponding rise in alcohol-related emergency department visits in 2020.⁵¹

- Given these increases, healthcare providers should suggest both healthy alternatives for coping and sources of support. For additional resources, visit [DOH's Behavioral Health Resources & Recommendations webpage](#) for providers.
- Based on population data for Washington and known cycles of common psychological responses to disasters, as well as the latest outcome data specific to COVID-19, **we can reasonably expect that approximately three million Washingtonians will experience clinically significant behavioral health symptoms over the next two to five months. Symptoms of depression will likely be the most common, followed by anxiety and acute stress.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.
- Weekly survey data suggest that over 1.9 million Washington adults are experiencing symptoms of anxiety on at least most days, and over 1.4 million are experiencing symptoms of depression on at least most days (Figure 4).⁵²

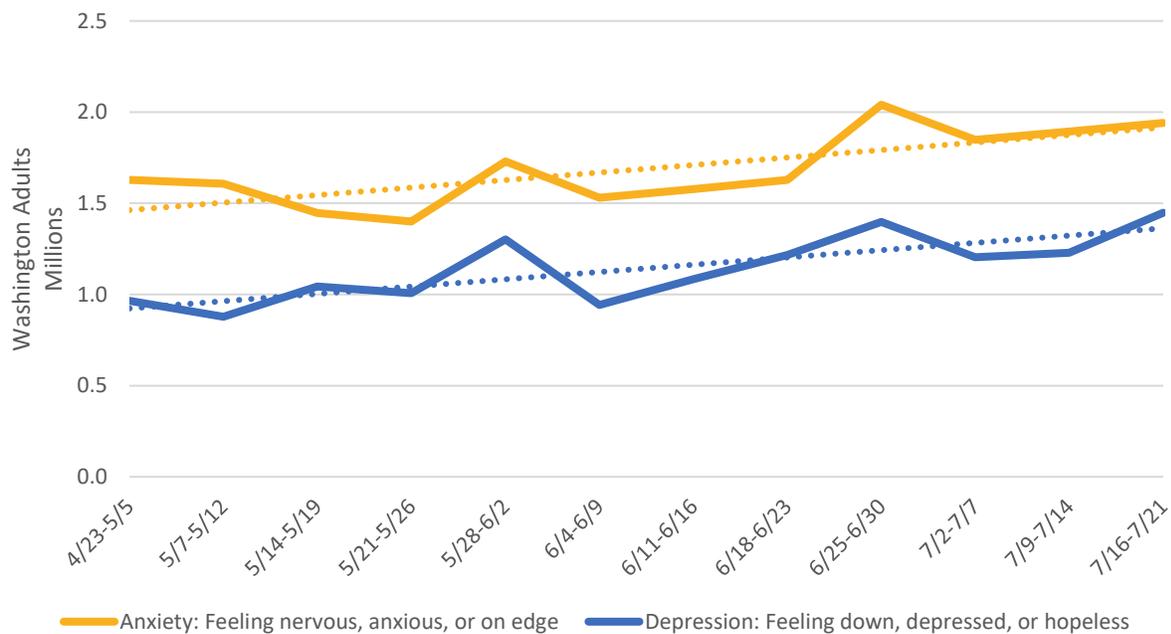


Figure 4: Estimated Washington adults experiencing symptoms of anxiety and depression at least most days, by week: April 23–July 21 (Source: U.S. Census Bureau)

- It is important to note that these numbers likely do not reflect the total number of individuals that will be able to seek and access services. Capacity building should include creative and flexible service provision, particularly within rural communities and underserved populations, with specific mindfulness around cost of services, access to technology (e.g., for telehealth), availability of services, and stigma related to behavioral health.
- An eventual return to pre-pandemic baseline levels of functioning by April or May 2021 is anticipated for many people. However, this is dependent on the level of disruption caused by a potentially dramatic increase in COVID-19 cases in the fall of 2020 or winter of 2021.^{1,2}

Background Data and Analysis

National Prevalence Rates

Mental illness, behavioral health diagnoses, and demographics^{53,54}

- Generalized anxiety disorder = approximately 1.0% of adolescents, 2.7% adults
- Panic attacks = 11.2% of adults
- Panic disorder = approximately 2–3% of adolescents and adults
- Mood disorders = approximately 9.7% of adults
- Depression = 10–20% of adults⁵⁵
- Post-traumatic stress disorder (PTSD): 3.6% of adults⁵³

National prevalence rates for substance-related disorders^{53,54,56}

- Nicotine dependence = 11.0% of adults
- Alcohol use disorder = approximately 4.6% of adolescents, 8.5% of adults
- Cannabis use disorder = approximately 2.3% of adolescents, 5% of young adults, and 0.8% of adults
- Opioid use disorder = approximately 0.6% of adolescents, 1.1% of young adults, and 0.8% of adults

Washington Data

- Population: Approximately 7.6 million
- Percentages with baseline serious mental illness
 - Adults 18 and over = 5.3%³⁸ (or 400,044 people)
 - Young adults from 18–25 = 6.2%³⁸ (or 29,014 people)
- Percentage of adults 18 and over with any mental illness who received treatment: 45.6% (approximately 650,000 people or 8% of the total population of Washington)³⁸
- Depression = 12.7% in Washington, 41.1% of whom received mental health services³⁸
- Death rates⁵⁷
 - Annual suicide rate = approximately 16.2 per 100,000
 - Annual drug overdose death rate = approximately 15.4 per 100,000

Acknowledgements

This document was developed by the Washington State Department of Health's Behavioral Health Strike Team for the COVID-19 response. The strike team is a group of clinical psychologists, psychiatrists, and therapists who are professionals in disaster relief and behavioral health. Lead authors from the strike team are Kira Mauseth, Ph.D. and Stacy Cecchet, Ph.D., ABPP. Other contributing authors include Tona McGuire, Ph.D., Nick Fradkin, MPH, MPA, Lareina La Flair, MPH, Ph.D., and Lindsay Gorgen.

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ATTACHMENT 7.a

SBH-ASO SABG RFP Proposal Overview 9/2020

FUNDING	Original Allocation	Revised Allocation		Total by category
Total	\$403,000	\$126,000		
Adult	\$285,000	\$100,000	6 requests	\$504,560.00
Youth	\$100,000	\$20,000	1 request	6,300.00
Transportation	\$18,000	\$6,000	4 requests	22,435.40

Adult Treatment Funding
Allocation by County

Clallam	30%
Jefferson	10%
Kitsap	60%

County	Agency	Priority	Program Description/Major Features	Number Served	Amount of Request	Cost per Unit	Agency Report of number served July-Dec 2019	Agency Report of number served Jan-Jun 2020	Number served per SBH-ASO Utilization Management Jan-Jun 20	Committee Recommendations
Kitsap										
	Agape	Adult	Un/Underinsured outpatient (1-9 hours per week)	30	\$67,200.00	700/mo	19	6	32	\$25,000.00
		Transportation	Bus and ferry	15	\$1,252.50					\$1,252.00
	Kitsap Recovery Center	Adult	Outpatient treatment to jailed (ASAM 1.0 and 2.1)	16/mo	\$134,400.00	700/mo	not provided	1	3	\$10,000.00
	West Sound Treatment Center	Adult	Outpatient 12-15 session per month	86	\$199,125	750/mo	112	68	16	\$25,000.00
		FTE Requests	Navigator, SABG Coordinator (Ineligible)		\$48,936					\$0.00
		Transportation			\$18,000.00					\$2,250.00
Clallam										
	Reflections	Adult	Outpatient treatment, assessment engagement	15/mo	\$93,700.00	700/mo	20	23	46	\$20,000.00
		Youth	Outpatient treatment, assessment engagement	1/mo	\$6,300.00	700/mo				\$6,300.00
	Peninsula Behavioral H	Adult	Outreach, assessment, case mangemetn, group	5/mo	\$37,950.00	645.49/mo	*	*	*	\$10,000.00
		Transportation			\$779.40					\$779.00
Jefferson										
	Beacon of Hope	Adults	Outreach, intake, jail population	36	\$22,585.00	\$83.65/hr	41	36	34	\$10,000.00
		Adult	Treatment	10/mo	\$84,000.00	\$700/mo				
		Transportation			\$2,404.00					\$1,719.00
					\$716,631.90					

Total to contract	\$112,300.00
Remaining	\$13,700
Total Available	\$126,000.00



Salish Behavioral Health
Administrative Services Organization

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

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, November 20, 2020
TIME: 9:00 AM – 11:00 AM
LOCATION: **VIRTUAL ONLY:** We will use the ZOOM virtual platform.

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

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting: <https://zoom.us/j/93858811697>

Meeting ID: 938 5881 1697

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

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

Meeting ID: 938 5881 1697

A G E N D A

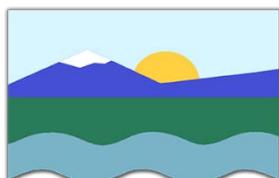
Salish Behavioral Health Administrative Services Organization – Executive Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Executive Board Meeting Notes for September 18, 2020 (Attachment 5)
6. Action Items
 - a. SBH-ASO Policies and Procedures for Approval (Attachment 6.a.1, Attachment 6.a.2, & Supplemental Packet 6.a.3)
 - b. Appointment of Helen Havens to Behavioral Health Advisory Board
 - c. Appointment of Salish BH-ASO Staff as Region's Designee of Designated Crisis Responders (DCR)
7. Informational Items
 - a. SBH-ASO Regional Crisis System Update (Attachment 7.a.1 & Attachment 7.a.2)
 - b. MCO Reconciliation Update
 - c. BHAB Update
 - d. Behavioral Health System Coordination Committee
 - e. 2021 Executive Board Meeting Schedule
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
ORGANIZATION EXECUTIVE BOARD
MEETING

Providing Behavioral Health
Services in Clallam, Jefferson
and Kitsap Counties

November 20, 2020

Action Items

A. SBH-ASO POLICIES AND PROCEDURES FOR APPROVAL

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

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

- AD106 - Toll-free Crisis Line Management
- AD107 – Indian Health Care Providers
- CL200 – Integrated Crisis System
- CL201 – Ensuring Care Coordination
- CL204 – Priority Populations and Waiting Lists
- CA402 – Grievance System
- CA403 – Individual Rights
- CA403a – Individual Rights Statement
- IS602 – Data Integrity
- IS603 – Data Submission Procedures
- IS604 - Disaster Recovery
- UM805 – Crisis Stabilization Services
- PS906 – Breach Notification Requirements
- PS907 – Individual Protected Health Information Rights

B. APPOINTMENT OF HELEN HAVENS TO BEHAVIORAL HEALTH ADVISORY BOARD (BHAB)

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

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

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

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

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

Designated Crisis Responders (DCRs), formally Designated Mental Health Professionals (DMHPs), evaluate individuals experiencing behavioral health crises and make determinations regarding the need for civil commitment on the basis of danger to self/others/property or grave disability.

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

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

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

Informational Items

A. REGIONAL CRISIS SYSTEM UPDATE

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

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

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

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

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

B. MCO RECONCILIATION UPDATE

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

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

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

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

C. BEHAVIORAL HEALTH ADVISORY BOARD (BHAB) UPDATE

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

D. BEHAVIORAL HEALTH SYSTEM COORDINATION COMMITTEE

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

E. 2021 EXECUTIVE BOARD MEETING SCHEDULE

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

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

**Friday, September 18, 2020
9:00 a.m. - 11:00 a.m.
VIRTUAL ONLY: ZOOM Virtual Platform**

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:06 a.m.

ANNOUNCEMENTS – None.

INTRODUCTIONS – Self introductions were conducted.

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

APPROVAL of AGENDA – Commissioner Mark Ozias

Stephanie requested to add an informational item for Lois to give an SBH-ASO Advisory Board Update (6.g).

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

APPROVAL of MINUTES –

MOTION: Theresa Lehman, Tribal Representative moved to approve the meeting notes as submitted for the July 17, 2020 meeting. Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

➤ **SBH-ASO REGIONAL PROVIDER UPDATE**

Behavioral Health Service Delivery during COVID-19

- Agencies are working diligently to safely provide behavioral health services within our communities. Telehealth is still the primary mode of service provision across many providers. Many agencies have also worked with HCA to access additional cell phones and minutes for client use, as well as, agency Zoom subscriptions to facilitate telehealth access. Staff are hearing reports from agencies that some individuals are starting to experience fatigue with remote options and seeking to return to in-person treatment. Some providers are starting to experience a decrease in engagement via electronic platforms.

Agencies have reported challenges with staff feeling uncomfortable reporting to work, requiring leave due to children at home, and out of work due to quarantine. There is a significant increase in staff stress across all providers as in many work arenas. In a field where staff burnout is not uncommon, the increased stress due to COVID has increased the need for staff support.

Substance use disorder (SUD) treatment agencies are reporting an increase in SUD service requests across all payors. One provider in Kitsap reported a nearly 25% increase across all payors.

Requests and referrals for Crisis Outreach Services, in general, decreased briefly in March and April. Whereas in May, requests and referrals to local crisis teams began to increase and the volume of calls to the Salish Regional Crisis Line notably increased.

Discussion of nature of the workforce challenges and scope, as well as similar or different that we are looking at here compare to those across other regions within WA state.

Crisis System and Involuntary Treatment Update

- As noted above, the number of calls to the Salish Regional Crisis Line significantly increased in May. Required call metrics for Salish Regional Crisis Line have continued to be a challenge. The volume of calls has slowly started to decrease since the month of May but has not returned to the lower volume that was previously forecasted. And, while the volume of calls is slowly decreasing, the length of call, or “talk time,” has continued to increase. Staff increased this contractor’s funding to support the increase in volume.

Salish Regional Crisis Line contractor, Volunteers of America (VOA), reports challenges with staffing due to COVID call outs (due to illness, anxiety, and/or quarantine). With the increase in funding from SBH-ASO, VOA has hired new staff who are close to completing training and going live on the call center. They are also working on a cloud platform that will allow for individuals to work from home. Currently call center staff are required to be on-site.

Staff will review current Salish Regional Crisis Line metrics compared to contract requirements.

Reviewed Salish BH-ASO Regional Crisis Line Call Data from January 2020 to July 2020, which included items such as number of incoming calls, abandonment rate, etc. Reviewed response to the 3 (three) months of non-compliance of the regional crisis line requirements.

Discussion regarding the Washington Listens, a warm-line, peer run specifically started in response to COVID-19.

- Staff has seen an increase in involuntary Psychiatric Inpatient Treatment stays since March 2020. There was a pause in April, presumed to be due to COVID. Then, there was a significant jump in the number of authorized bed days in May. Since May, the inpatient utilization has remained at that higher level. Providers report the acuity of symptoms in individuals they encounter is higher. This may be due to not accessing regular treatment, avoidance of hospital stays due to COVID, and families and the community not seeking assistance as early as they may have in the past.

Staff will review Involuntary Psychiatric Treatment investigation data for January-June 2019 versus January-June 2020.

Reviewed ITA Investigations compared from Pre-Integrated Managed Care Baseline 2019 to Integrated Managed Care (IMC) 2020, as well as mental health vs. substance use disorder ITA investigations.

- There has also been an increase in Single Bed Certifications (SBC) since May. Single bed certifications occur when a psychiatric facility bed is not available during an ITA. Providers report SBC may be impacted by slower transfers to facilities due to requirements for COVID-19 testing and decrease in available beds due to physical distancing requirement.

Staff will review Involuntary Detention and Single Bed Certification data for January-June 2019 versus January-June 2020.

Reviewed Detentions and Single Bed Certifications compared from Pre-Integrated Managed Care Baseline 2019 to Integrated Managed Care (IMC) 2020.

Reported that only 1 (one) no bed report for our region in May 2020 and was an outlier.

➤ **SBH-ASO 2020 BUDGET UPDATE**

- The initial SBH-ASO 2020 budget which was approved by the Executive Board in November 2019 included \$1,300,000 for Involuntary Psychiatric Inpatient Treatment. The budget update approved by the Executive Board in May, increased the budget for Involuntary Psychiatric Inpatient Treatment to \$1,490,000 for the calendar year. Many Evaluation and Treatment Centers and Community Hospitals have not been following SBH-ASO's Utilization Management requirements and have not been submitting notification requests when serving a SBH-ASO individual at their facility. This has made it exceptionally difficult to monitor ITA Inpatient Treatment Utilization and Expenses. SBH-ASO is required to pay for Involuntary Treatment Services regardless of a facilities compliance with these standard requirements.

The SBH-ASO Psychiatric ITA Inpatient Authorized Bed Days as of the end of August were: January (145), February (136), March (170), April (75), May (208), June (245), and July (220). If ITA Psychiatric Inpatient Utilization continues steady at July's rate, the SBH-ASO could have as much as \$2,200,000 in ITA Psychiatric Inpatient expenses for calendar year 2020.

Staff believes that the additional ITA Psychiatric Inpatient expenses can be covered this year without cutting additional 2020 behavioral health services. This can be accomplished by using the unspent HCA administrative allowances from January-June 2020 to pay for inpatient treatment costs. Due to allocating a portion of Salish's administrative expenses back to the SBHO for closeout activities, additional SBH-ASO Administrative Funds remain. SBH-ASO also reduced its administrative expenses beginning in September, by a reduction in force. One SBH-ASO staff member, Richelle Jordan, was laid off in August. Lastly, SBH-ASO will utilize \$196,000 in January-June 2020 proviso funds to pay for Inpatient Treatment.

Discussion ensued after a comment from Joe Roszak regarding the breakout of non-Medicaid funds and if MCO's have provided any response to SBH-ASO as to how they're spending their portion of non-Medicaid funds. Joe referenced the HCA distribution of non-Medicaid funding, specifically 70% of the funds to the SBH-ASO and 30% of the funds to the Managed Care Organizations (MCO). Staff shared that the prior non-Medicaid split of 70/30 changed to 80/20 as of July 1, 2020. This provided a small amount of additional non-Medicaid funding which will help cover the increasing involuntary psychiatric inpatient treatment costs.

Comment during 6.b, SBH-ASO Budget Update, by Celeste Schoenthaler, requesting to be a part of the conversation in reference to Commissioner Ozias request of Joe Roszak to summarize funding distribution and MCO relationships with KMHS.

- Another 2020 Budget challenge relates to “reconciliation terms” with the Medicaid Managed Care Organization’s (MCO) contracts. SBH-ASO contracts with MCOs to ensure that crisis services are available to their enrollees 24 hours a day, 7 days per week. SBH-ASO subcontracts with local agencies to ensure that these services are available 24/7 to all community members, regardless of insurance status. However, MCO crisis contracts with BH-ASOs include terms that require semi-annual reconciliation. This process compares each MCO’s Medicaid Members utilization of crisis services to the overall cost of SBH-ASO crisis system. However, the utilization of crisis services, as a stand-alone measure, does not reflect the actual cost of the “Medicaid portion” of the crisis system.

The reconciliation process jeopardizes the crisis system as it results in Medicaid dollars being recouped from BH-ASOs by MCOs. BH-ASOs have been raising this concern with the HCA for over a year. As of July 1, 2020, HCA removed the reconciliation requirement from MCOs contracts. However, these terms remain in MCO/BH-ASO contracts and MCOs have been resistant to removing the term from their contracts.

Staff will discuss how this process has resulted in fewer Medicaid dollars being available to fund the regional crisis system.

➤ **UPDATE ON STATEWIDE BEHAVIORAL HEALTH FORECAST**

In August, Washington State Department of Health updated its report: *High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19*. This WA DOH analysis has been attached for the Board’s reference. Staff will provide a brief summary of key takeaways, timelines and SBH-ASO efforts to respond to the concerning forecast.

Reviewed Reactions and Behavioral Health Symptoms in Disasters and Possible Pandemic Wave Scenarios for COVID-19 and Forecasted Behavioral Health Symptoms, which forecasts impacts and where they report we are in the continuum.

➤ **PRELIMINARY SBH-ASO 2021 BUDGET**

Staff created a preliminary 2021 budget based upon current funding allocations in SBH-ASO’s contract with HCA. In order to prevent an SBH-ASO fiscal crisis related to continued increases in involuntary treatment costs, the SBH-ASO must refocus on its core responsibilities and mission when budgeting for 2021.

Per contract, SBH-ASO’s core responsibilities include:

- Crisis Services (Crisis Hotline, Mobile Crisis Outreach and Involuntary Treatment Investigations)
- Involuntary Treatment (ITA Psychiatric Inpatient, ITA Withdrawal Management, and LRA Monitoring)
- Special Programs with dedicated funding (HARPS, FYSPRT, Peer Bridger’s, etc.)

In order to prepare for a likely surge in utilization of crisis services and involuntary treatment, additional funding must be budgeted for these expenses in 2021. After this adjustment, there is only \$126,000 remaining for non-mandatory or discretionary services in 2021, and these funds are allocated by the 2021 Substance Use Disorder RFP, which is reviewed later in this agenda packet.

The preliminary 2021 budget planning process has been exceptionally difficult and results in additional cuts to non-mandatory services. These cuts must include: withdrawal management, substance use disorder residential, mental health residential, and facility-based crisis stabilization/triage services. In order to balance the 2021 budget, staff had to also reduce SBH-ASO's administrative/operating expenses, even though these expenses were already below the HCA contract limits.

Staff will discuss this process in greater detail and share other potential short-term grant opportunities that could temporarily fund some of the service cuts identified above.

Discussed importance of involving Olympic Community of Health in this discussion to prepare for 2021.

➤ **EARLY WARNING SYSTEM WORKGROUP AND DEVELOPMENT OF NEW REGIONAL IMC FORUM**

The Early Warning System (EWS) Workgroup was a Health Care Authority required activity for BHOs and BH-ASOs. The purpose of the EWS was to create a process for identifying and resolving early system issues related to the transition to Integrated Managed Care (IMC). A steering committee was created in mid-2019 and included a diverse group of stakeholders. The EWS workgroup convened monthly, beginning in February and concluding in July. During each meeting, data and provider feedback was reviewed from the previous month.

General themes from EWS included: provider concerns about the timeliness of Managed Care Organization's responding to concerns about payment delays and/or incorrect payment amounts, provider concerns about percentage of claims being denied by MCOs and the overall increase in complexity and administrative burden under the IMC structure. At the conclusion of the EWS, many of these provider concerns remained.

In early August, staff reached out to its provider network to inquire about their interest in convening an Integrated Managed Care Problem Solving Forum. Staff suggested that Interlocal Leadership Structure, that was formed in late 2018 and had not convened since the end of 2019, could be restructured to meet this need. Providers expressed interest in convening a Regional IMC Problem Solving Forum. Staff has scheduled an initial virtual meeting with provider leadership for October 9th.

➤ **BEHAVIORAL HEALTH SYSTEM COORDINATION COMMITTEE**

The Behavioral Health System Coordination Committee is legislatively authorized and required. This committee is intended to increase communication, identify challenges and gaps in behavioral healthcare, and provide a forum to gather information to inform the legislature. Stakeholders include County Commissioners, County Council Members, HCA, DSHS, HCA Tribal Affairs, and BH-ASOs. Commissioner Ozias and Staff, Jolene Kron, are participating in this committee and will speak to the process thus far.

Due to meeting timeliness of this meeting this item will be tabled until next Executive Board meeting.

ACTION ITEMS

➤ **SBH-ASO 2021 SUBSTANCE USE DISORDER REQUEST FOR PROPOSAL (RFP)**

SBH-ASO released an RFP on July 1, 2020. The RFP encompassed youth and adult substance use disorder treatment and treatment supports for calendar year 2021. The initial funds available for allocation was \$403,000. However, due to increasing non-Medicaid crisis and involuntary treatment expenses, staff reduced the funds available for allocation to \$126,000.

Four Advisory Board Members volunteered to serve on the RFP Review Committee and the Advisory Board supported the Review Committee's recommendations serving as the entire Board's recommendations.

The SUD RFP Committee convened on the morning of September 4th. The committee included representation from all three counties. The committee reviewed the RFP requirements. The committee discussed the expected funding available and the revised funding available. The committee considered requests proposal scores, community needs, and funds available to meet those needs. The discussion focused on concerns about the quality of some proposals compared to others, utilization reported in the proposals, community need, and regional funding allocation.

Youth services were requested by only one provider. With the recommendation to fully fund the single youth services proposal, \$13,700 of youth funding remains unallocated. All funds were allocated as indicated in the attached table. Staff will review the SUD RFP Overview Table and discuss next steps.

Reviewed SABG RFP Proposal Overview 9/2020.

MOTION: Commissioner Rob Gelder moved to approve SBH-ASO 2021 Substance Use Disorder Request for Proposal (RFP). Commissioner Greg Brotherton seconded the motion. Motion carried unanimously.

➤ **SAMSHA EMERGENCY BEHAVIORAL HEALTH FUNDS**

HCA has been in communication with BH-ASOs since April regarding the submission of a grant application to SAMHSA for emergency behavioral health funds. These funds are intended to improve access to behavioral health treatment for non-Medicaid individuals. HCA has communicated that the use of these funds is fairly flexible. A minimum of 25% of the funds must be used to support substance abuse treatment. SBH-ASO has yet to receive actual contract terms yet is preparing to subcontract these funds out as quickly as possible to support the community in 2021.

SBH-ASO anticipates receiving \$140,000 for use through the end of July 2021. With the Board's approval, SBH-ASO intends to use these funds to back-fill services that will be cut in 2021 due to increasing crisis and involuntary treatment costs.

SBH-ASO solicited letters of interest from currently contracted agencies who provide the following services:

- Withdrawal Management
- Crisis Stabilization Services (facility based)
- Brief MH Outpatient Services

Staff seeks approval to contract these funds as quickly as possible upon receipt of its contract, to contract 25% of the funds to support substance use disorder treatment and 75% of the funds to support mental health treatment, based up letters of interest received.

MOTION: Theresa Lehman, Tribal Representative, moved to approve SAMSHA Emergency Behavioral Health Funds. Commissioner Robert Gelder seconded the motion. Motion carried unanimously.

PUBLIC COMMENT

- G’Nell Ashley, Reflections, discussed that she found the RFP changes frustrating, but understandable. Thanks to committee releasing early enough for providers to access other grants.
- Lori Fleming, Jeff Co. CHIP, appreciated the information and sharing of information which she found helpful. She also stated that releasing the RFP’s early is helpful.

GOOD OF THE ORDER

- None.

ADJOURNMENT – Consensus for adjournment at 11:00 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Commissioner Mark Ozias	Stephanie Lewis, SBH-ASO Administrator	Lois Hoell, SBHASO Advisory Board
Commissioner Greg Brotherton	Jolene Kron, SBH-ASO Deputy Admin/Clinical Director	Joe Roszak, KMHS
Commissioner Robert Gelder	Doug Washburn, Kitsap Human Services	Lori Fleming, Jeff Co. CHIP
Theresa Lehman, Tribal Representative	Martiann Lewis, SBH-ASO Staff	Colleen Bradley, PAVE
Celeste Schoenthaler, OCH Executive Director		G’Nell Ashley, Reflections
<i>None Excused.</i>		Helen Havens

NOTE: These meeting notes are not verbatim.

Chapter	Chapter Number	Number	Title	Origination Date	Committee Approved	Revision Dates	Last Review/ Revision Date	Description of Updates	Next Review Date
Administration	1	AD106	Toll-Free Crisis Line Management	5/17/2019	Yes	5/2/2019 2/19/2020	10/29/2020	<u>10/29/2020 updates:</u> 1. updated language and contact information 2. Clarified differing measurement of hotline metrics between HCA and MCOs	10/29/2021
Administration	1	AD107	Indian Health Care Providers	7/1/2020	Yes	10/15/2020	10/15/2020	<u>New Policy to reflect 7/1/20 added contract terms</u>	10/15/2021
Clinical	2	CL200	Integrated Crisis Services	5/17/2019	Yes	5/30/2019 3/4/2020	10/22/2020	<u>10/22/2020 updates:</u> 1. Aligned language regarding subcontractors 2. Clarified language outlining who has access to Crisis Services 3. Added language regarding coordinating care with Indian Health Care Providers	10/22/2021

Chapter	Chapter Number	Number	Title	Origination Date	Committee Approved	Revision Dates	Last Review/ Revision Date	Description of Updates	Next Review Date
Clinical	2	CL201	Ensuring Care Coordination for Individuals	5/17/2019	Yes	7/11/2019	10/27/2020	10/27/2020 updates: 1. Removed definitions, already contained in AD100 2. Added clarification language regarding strategies to reduce unnecessary utilization and coordinating care 3. Added clarification language about crisis alerts	10/27/2021
Clinical	2	CL204	Priority Populations and Wait Lists	7/26/2019	Yes	7/26/2019	10/27/2020	10/27/2020 updates: 1. Updated Interim Services requirements 2. Added language regarding screening and waitlists	10/27/2021
Consumer Affairs	4	CA402	Grievance System	7/16/2019	Yes	7/16/2019	8/28/2020	8/28/2020 updates: 1. Updated definitions 2. Removed language referring to Medicaid grievances 3. Added language to align with current BH-ASO contract regarding notificaiton	8/28/2021

Chapter	Chapter Number	Number	Title	Origination Date	Committee Approved	Revision Dates	Last Review/ Revision Date	Description of Updates	Next Review Date
Consumer Affairs	4	CA403	Individual Rights	8/29/2019	Yes	8/29/2019	9/25/2020	9/25/2020 updates: 1. Removed definitions already contained in AD 101 2. Clarified Policy statement 3. Added language for individual rights regarding involuntary treatment 4. Clarified subcontractor responsibilities for disseminating rights	9/25/2021
Consumer Affairs	4	CA403A	SBH-ASO Individual Rights Statement	8/29/2019	Yes	8/29/2019	9/25/2020	9/25/20 updates: 1. Added rights for individuals subject to the Involuntary Treatment Act	9/25/2021
Information Systems	6	IS602	Data Integrity	5/17/2019	Yes	4/8/2019	10/15/2020	10/15/20 updates: 1. Updated vocabulary to match MCO and HCA terminology. 2. Added language to indicate that SBH-ASO can only perform certain functions if HCA and/or MCOs uphold their own data requirements	10/15/2021
Information Systems	6	IS603	Data Submission Processes	5/17/2019	Yes	4/10/2019	10/15/2020	10/15/20 updates: 1. Added new 7/1/20 HCA contract terms for Encounter Data. 2. Updated vocabulary to match MCO and HCA terminology.	10/15/2021

Chapter	Chapter Number	Number	Title	Origination Date	Committee Approved	Revision Dates	Last Review/ Revision Date	Description of Updates	Next Review Date
Information Systems	6	IS604	Disaster Recovery and Business Continuity	5/17/2019	Yes	4/8/2019	10/15/2020	10/15/20 updates: 1. Added language from HCA contract section 25.1.1 2. Added language to clarify role of Salish IS staff versus Kitsap County IS Staff	10/15/2021
Utilization Management	8	UM805	Crisis Stabilization in Crisis Stabilization or Triage Facility	8/1/2019	Yes	7/30/2019 3/12/2020	10/29/2020	10/29/2020 updates: 1. Removed 14 day stay limitation language 2. Clarified eligibility requirements 3. Added exclusionary criteria 4. Clarified authorization language to align with other UM Policies 5. Added language regarding discharge criteria	10/29/2021
Privacy & Security	9	PS906	Breach Notification Requirements	1/1/2020	Yes		10/15/2020	Created policy.	10/15/2021
Privacy & Security	9	PS907	Individual Protected Health Information Rights	1/1/2020			11/6/2020	Created policy.	11/6/2021



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name:

TOLL-FREE CRISIS LINE MANAGEMENT

Policy Number: AD106

Effective Date: 01/01/2020

Revision Dates: 11/09/2020

Reviewed Date: 05/02/2019

Executive Board Approval Dates: 05/17/2019; 11/1/2019

PURPOSE

To outline the scope of services for the Toll-Free Crisis Line and to provide the Salish Behavioral Health Administrative Service Organization's (SBH-ASO) scope of oversight responsibilities and quality improvement (QI) activities to ensure adherence to requirements for Toll-Free Crisis Line services.

POLICY

- A. SBH-ASO is responsible for managing crisis services within its network area, including a Toll-Free Crisis Line that is separate and distinct from the SBH-ASO toll-free Customer Service line.
- B. The Toll-Free Crisis Line is available 24 hours a day, seven days a week, 365 days a year, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
- C. SBH-ASO contracts with a delegated entity to fulfill this crisis line requirement. SBH-ASO and the delegated entity have a delegation agreement that is mutually agreed upon. SBH-ASO provides oversight of the delegated activities.
- D. SBH-ASO requires that the following standards be met:
 - a. In accordance with HCA-BHASO Contract, telephones are answered by a live voice within 30 seconds for 90% of calls,
 - i. If there is no automated system, the 30 second measurement begins with the first ring
 - ii. If there is an automated system, the 30 second measurement begins the second the caller selects a specific automated option.
 - b. In accordance with MCO-BHASO Contracts and NCQA Standards, telephones are answered on average by a live voice within 30 seconds.

- c. Abandonment rate is 5% or less
 - i. This rate is determined by the number of callers who hang up after 30 seconds divided by the total number of calls. Hanging up during the automated system is also considered an abandonment.
- E. Reports from the delegated entity to ensure and conformity to contract standards and shall be reviewed by SBH-ASO at least quarterly.
- F. SBH-ASO monitors for opportunities to improve performance in crisis line service delivery and overall operations.

PROCEDURE

1. Crisis line expectations

- a. Individuals shall be able to access the Salish Regional Crisis Line (SRCL) without the full completion of Intake Evaluations and/or other screening and assessment processes.
- b. The SRCL shall be staffed 24 hours a day, 7 days a week, 365 days a year by the delegated entity.
- c. The SRCL phone number used for all SBH-ASO counties is 1-888-910-0416.
- d. Information regarding the SRCL number used to access acute care throughout SBH-ASO is available through local law enforcement agencies, local hospitals, and in local telephone directories.
- e. SRCL is responded to by a person who is trained in the provision of crisis services, allowing for initial response via an answering service.
- f. Crisis calls shall come in on the toll-free number, be answered by delegated entity staff, and warm transferred to the appropriate county crisis staff for immediate handling.
- g. Delegated entity staffing shall be sufficient to answer, and route crisis line calls as required. Preparations and precautions shall be taken by the delegated entity to ensure that there is coverage despite potential delegated entity staff illness or staff loss.
- h. Telephone crisis services are provided in accordance with WAC 246-341-0900 and 246-341-0905 and contract requirements.
- i. Assure communication and coordination with the individual's mental health care provider, if identified and appropriate.
- j. Post a copy of the statement of individual rights in a location visible to staff and agency volunteers.

2. Delegated activities: Roles and Responsibilities

a. Responsibilities of the ASO:

- i. SBH-ASO shall provide oversight of the delegated activities and shall review reports from the delegated entity regarding SBH-ASO crisis calls answered by a live person within 30 seconds and 5% abandonment rates, no less than monthly.
- ii. SBH-ASO shall enforce the contract requirements with the delegated entity.
- iii. SBH-ASO shall set performance goals and monitor the delegated entity's progress towards meeting those goals.
- iv. SBH-ASO shall evaluate at least annually the delegated entity's performance against contract standards to include an audit of phone calls, policies and procedures, reports, and written protocols.
- v. SBH-ASO provides information regarding the SRCL on its website.

b. Responsibilities of the delegated entity:

- i. The delegated entity shall answer the SRCL phones and transfer those calls to the appropriate county crisis team;
- ii. The delegated entity shall meet the Contract Standards outlined in Policy D above.
- iii. The delegated entity shall provide regular reports to SBH-ASO, not less than monthly to the Deputy Administrator/Clinical Director, showing the SBH-ASO call abandonment rate by month and the average time to answer the SRCL with a live voice.
- iv. The delegated entity shall work with SBH-ASO on improving performance on SRCL metrics,
- v. The delegated entity shall adhere to the delegation agreement with SBH-ASO.
- vi. The delegated entity shall submit documentation to the SBH-ASO by 10am each day of all crisis contacts resolved by 3am that day. The SBH-ASO shall notify the MCO within one (1) business day when and MCO Enrollee interacts with the crisis system.

3. Oversight of the delegated activities

- a. Reports shall be received by the SBH-ASO Deputy Administrator/Clinical Director by the 15th day from close of the reporting month. The reports from the delegated entity shall include (at a minimum) the following content by month/year:
 - i. Number of calls received,
 - ii. Number of calls answered within 30 seconds,
 - iii. Percentage of calls answered within 30 seconds as defined above,
 - iv. Number of calls abandoned,
 - v. Percentage of calls abandoned as defined above,
 - vi. Average wait time,
 - vii. Average length of call
- b. The SBH-ASO Leadership Team and Internal Quality Committee (IQC) will review reports monthly.
- c. The reports will be reviewed monthly by the Internal Quality Committee. The IQC shall review the reports and ensure that the contract standards outlined in Policy D above are met.
- d. The reports will be reviewed quarterly by the Quality Assurance and Compliance Committee (QACC).
- e. If the delegated entity does not meet the standards, overall, or in any month in the report, then a corrective action plan may be required by SBH-ASO, indicating what steps will be taken by delegated entity to help improve that performance measure and meet the standard required.
- f. If the delegated entity is not able to improve the performance measure, then SBH-ASO may take additional actions as indicated in contract up to and including termination of the delegation agreement with the delegated entity.
- g. SBH-ASO shall review the delegated entity for phone call review and policies and procedures annually to ensure that contractual requirements, and WACs/RCWs are being met.

4. Commitment to improvement

- a. SBH-ASO shall look for opportunities for improvement in SRCL metrics as a part of its commitment to continuous improvement.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIAN HEALTH PROVIDERS

Policy Number:
AD107

Effective Date: 07/01/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

POLICY

SBH-ASO assures that Indian Health Care Providers (IHCP) enrolled with the HCA to provide a service to an SBH-ASO Individual shall receive payment, within available resources, regardless of the IHCP's decision to contract with SBH-ASO.

SBH-ASO will negotiate contracts in good faith with any HCA enrolled IHCP who submits a written request to SBH-ASO to contract.

PROCEDURE

1. For the purposes of payment and coordination of care, SBH-ASO coordinates with all IHCPs enrolled with the HCA who provide a service to an Individual under this Contract, regardless of the IHCP's decision to subcontract with SBH-ASO.
2. SBH-ASO responds, in good faith, to all written requests to contract submitted by IHCPs.
3. SBH-ASO negotiates contracts with requesting IHCPs for services provided to SBH-ASO Individuals, including tribal care coordination or related services. This includes SBH-ASO offering contract terms comparable to terms that it offers to similarly-situation non-IHCPs.
 - a. Subcontracts shall reference the IHCP's ability to submit complaints to the HCA for resolution and for the HCA to facilitate resolution directly with SBH-ASO.
 - b. Subcontracts must be consistent with the laws and regulations that are applicable to the IHCP.
4. In the event that SBH-ASO and an IHCP fail to reach an agreement on a subcontract within ninety (90) calendar days from the date of the IHCP's written

request, the IHCP may request HCA assistance in facilitating resolution. The SBH-ASO Administrator shall attend this meeting in person and is permitted to have legal counsel present.

5. SBH-ASO includes reference, in any contract between the Contractor and the IHCP, to the Protocols for Coordination with Tribes and non-Tribal IHCPs applicable to SBH-ASO's Regional Service Area.
6. SBH-ASO shall provide verification, upon request from the State, of compliance with this Policy.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INTEGRATED CRISIS SYSTEM

Policy Number: CL200

Effective Date: 1/1/2020

Revision Dates: 3/4/2020; 10/22/2020

Reviewed Date: 5/2/2019

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

PURPOSE

To provide Salish Behavioral Health Administrative Services Organization (SBH-ASO) with clearly defined standards for the provision of crisis services; the oversight of crisis services; and the expected outcomes for provision of crisis care.

POLICY

Integrated Crisis System (ICS) includes a broad network of triage and referral services that are intended to stabilize the Individual in crisis while utilizing the least restrictive community settings possible. Crisis services include both voluntary and involuntary services and address all relevant behavioral health and substance abuse situations.

PROCEDURE

- 1) Within the SBH-ASO region, the following services are available to all individuals in the SBH-ASO's Service Area, regardless of ability to pay:
 - a) Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs, dispatch mobile crisis, or connect the individual to services.
 - i) For individuals enrolled with an MCO, assist in connecting the individual with current or prior service providers.
 - ii) Crisis Services may be provided without authorization and prior to completion of an Intake Evaluation.
 - iii) Services shall be provided by or under the supervision of a Mental Health Professional.
 - iv) SBH-ASO crisis subcontractors provide twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, crisis mental health services to Individuals who are within the SBH-ASO's Service Area and report they are experiencing a crisis. Crisis Subcontractors provide

sufficient staff available, including a DCR, to respond to requests for Crisis Services.

- b) Behavioral Health Involuntary Treatment Services include investigation and evaluation activities, management of court case finding, and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment.
 - c) SBH-ASO provides reimbursement to county courts for cost associated with ITA.
 - d) SBH-ASO provides for evaluation and treatment services as ordered by the court for individuals who are not eligible for Medicaid.
- 2) SBH-ASO provides the following services to Individuals who meet eligibility requirements but who do not qualify for Medicaid, when medically necessary, and within Available Resources:
- a) Crisis Stabilization Services include short-term face-to-face assistance with life skills training and understanding of medication effects and follow up services. Services are provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual experiencing a behavioral health crisis.
 - b) SUD Crisis Services including short term stabilization, a general assessment of the individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved facility for intoxicated or incapacitated individuals on the streets or in other public places. Services may be provided by telephone, in person, in a facility, or in the field. Services may or may not lead to ongoing treatment.
 - c) Secure Withdrawal Management and Stabilization Services provided in a facility licensed by DOH to provide evaluation and treatment services to Individuals detained by the DCR for SUD ITA. Appropriate care for Individuals with a history of SUD who have been found to meet criteria for involuntary treatment includes: evaluation and assessment, provided by an SUDP; acute or subacute withdrawal management services; SUD treatment; and discharge assistance provided by SUDPs, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to LRA as appropriate for the Individual in accordance with WAC 246-341-1104. This is an involuntary treatment which does not require authorization.
 - d) Peer-to-Peer Warm Line Services are available to callers with routine concerns who could benefit from or who request to speak to a peer for support and help de-escalating emerging crises. Warm line staff may be peer volunteers who provide emotional support, comfort, and information to callers living with a mental illness.

Crisis System General Requirements

SBH-ASO maintains a regional behavioral health crisis system through its Crisis Provider Network who provides services that meet the following requirements:

1. Crisis Services will be available to all Individuals who present with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the Individual's health or safety in the SBH-ASO's Service Area.
2. Crisis Services shall be provided in accordance with current HCA-BHASO contract and regulatory guidelines.
2. ITA services shall be provided in accordance with the SBH-ASO Involuntary Treatment Act Services Policy. Requirements include payment for all services ordered by the court for Individuals ineligible for Medicaid, and costs related to court processes and Transportation. Crisis services become ITA services when a DCR determines an Individual must be evaluated for involuntary treatment. ITA services continue until the end of the Involuntary Commitment and may be outpatient or inpatient.

Crisis Services shall be delivered as follows:

- A. Stabilize Individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for Crisis Services. Stabilization Services will be provided in accordance with current HCA-BHASO contract and regulatory guidelines.
- B. Provide solution-focused, person-centered, and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization, or out of home placement.
- C. Coordinate closely with the regional MCOs, community court system, First Responders, criminal justice system, inpatient/residential service providers, Tribal governments and Indian Health Care Providers (IHCP), 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 and inclusive of processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
- D. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
- E. Develop and implement strategies to assess and improve the crisis system over time.

Crisis System Staffing Requirements

The SBH-ASO and its Crisis subcontractors comply with staffing requirements in accordance with current HCA-BHASO contract and regulatory guidelines. Each staff member working with an Individual receiving crisis services must:

1. Be supervised by a Mental Health Professional or licensed by DOH.
2. Receive annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.
3. Have the ability to consult with one of the following (who has at least one (1) year of experience in the direct treatment of Individuals who have a mental or emotional disorder):
 - A psychiatrist;
 - A physician;
 - Physician assistant; or
 - An ARNP who has prescriptive authority..
4. SBH-ASO crisis subcontractors comply with DCR qualification requirements in accordance with current HCA-BHASO contract and regulatory guidelines and shall incorporate the statewide DCR Protocols, listed on the HCA website, into the practice of their DCRs.
5. SBH-ASO crisis subcontractors have clinicians available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, who have expertise in Behavioral Health issues pertaining to children and families.
6. SBH-ASO crisis subcontractors make available at least one (1) SUDP with experience conducting Behavioral Health crisis support for consultation by phone or on site during regular Business Hours.
7. SBH-ASO crisis subcontractors make available at least one (1) Certified Peer Counselor with experience conducting behavioral health crisis support for consultation by phone or on site during regular Business Hours.
8. SBH-ASO crisis subcontractors establish policies and procedures for ITA services in accordance with SBH-ASO Involuntary Treatment Act Services Policy.
9. SBH-ASO crisis subcontractors have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four hours a day, seven days a week including DCR contact protocol.

Crisis System Operational Requirements

Crisis Services shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.

1. Mobile crisis outreach shall respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
2. Salish Regional Crisis Line is a toll-free line that is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
3. The Salish Regional Crisis Line shall be a separate number from SBH-ASO's customer service line.
4. Individuals shall have access to crisis services without full completion of Intake Evaluations and/or other screening and assessment processes.
5. Telephone crisis support services will be provided in accordance with WAC 246-341-0905 and crisis outreach services will be provided in accordance with WAC 246-341-0910.
6. SBH-ASO maintains registration processes for non-Medicaid Individuals utilizing crisis services to maintain demographic and clinical information and establish a medical record/tracking system to manage their crisis care, referrals, and utilization.
 - a. For crisis services provided in the SBH-ASO Regional Service Area (RSA), all Providers will conduct eligibility verification for Individuals who are receiving services or who want to receive services to determine financial eligibility. Refer to the SBH-ASO Eligibility Verification Policy.
 - b. All contracted crisis providers, including the toll-free crisis line provider, are required to submit a daily SBH-ASO Crisis Log to the SBH-ASO.
 - c. All information collected is compiled into a database in order to monitor utilization at both an individual as well as a systems level.
7. SBH-ASO Care Managers and Crisis subcontractors provide information about and referral to other available services and resources for individuals who do not meet criteria for Medicaid or GFS/FBG services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous).
8. Crisis subcontractors document calls, services, and outcomes on the SBH-ASO Crisis Log as well as agency medical record systems. SBH-ASO and the SBH-ASO Crisis subcontractors shall comply with record content and documentation requirements in accordance with WAC 246-341-0900 through WAC 246-341-0920.

9. SBH-ASO Crisis subcontractors shall notify the SBH-ASO by 10am each calendar day of all crisis contacts resolved by 3am that day. The SBH-ASO shall notify the MCO within one (1) business day when an MCO Enrollee interacts with the crisis system.
10. SBH-ASO shall coordinate with the MCO/ASO of record for an Individual upon becoming aware of a change in eligibility status, when we determine that the Individual has Medicaid coverage or loses Medicaid coverage, or moves between the SBH-ASO region and another region.

Integrated Crisis System:

Crisis services reflect the following:

1. Services will include providing crisis telephone screening as defined in WAC 246-341-0910.
2. Crisis peer support services are provided in accordance with WAC 246-341-0920.
3. Crisis outreach staff shall work collaboratively with mental health and substance use disorder treatment services/programs, serving adults and children in a developmentally and culturally competent manner, ensuring that developmentally and culturally appropriate service/specialists are contacted at all critical junctures.
4. Crisis Workers will utilize an existing crisis plan as available.
 - a. SBH-ASO utilizes Crisis alerts to support crisis planning and the delivery of individualized crisis services. Crisis alert forms are available on the SBH-ASO website. This information is shared with the Salish Regional Crisis Line via the SBH-ASO portal.
5. When there is a question of safety, outreach services shall be provided in coordination with law enforcement or other mental health support.
6. Information regarding the Salish Regional Crisis Line number is available 24 hours a day, 7 days a week, 365 days a year via the SBH-ASO website and SBH-ASO subcontractors.
7. Crisis services are provided in the Individual's language of choice, free of charge. Providers have access to interpreter services and TTY/TDD equipment.
8. Crisis services are available to all persons needing mental health and substance use disorder crisis services regardless of their ability to pay, insurance status, age, sex, minority status, status with the SBH-ASO, allied system of care relationship, or place of residency.

9. Individuals experiencing a psychiatric or substance use disorder crisis are stabilized in the most appropriate, least restrictive setting.
10. Crisis services are inclusive of natural supports (i.e. family, friends co-workers, etc.) of individuals experiencing a crisis. This includes obtaining collateral information from natural supports when available and appropriate.
 - i. Crisis services build upon existing systems of crisis provision, reflect innovation, and strive for best practices (quality of care). This includes applying aspects of the Practice Guidelines adopted by SBH-ASO.
11. A “no decline” policy will be enforced for both Designated Crisis Responders and Crisis Outreach Workers.

Note: “No decline” means that when a Designated Crisis Responder or Crisis Outreach Worker is requested by persons identified in Mobile Crisis Outreach (see Mobile Outreach Services 4, below), they may not refuse to provide crisis services regardless of the person’s age, culture, or ability to pay.

Mobile Outreach Services:

1. Face-to-face services are provided by crisis outreach when telephone intervention is unsuccessful in stabilizing the individual.
2. Mobile crisis outreach will respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
3. When clinically indicated or when the service recipient has no means to get to a clinic or emergency room, the crisis response staff will take services directly to the individual in crisis, stabilizing and supporting the person until the crisis is resolved or an appropriate referral is made.
4. SBH-ASO Crisis subcontractors have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
5. SBH-ASO Crisis subcontractors establish policies and procedures for crisis and ITA services that implement the following requirements:
 - a. No DCR or crisis worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's ITA, unless a second trained individual accompanies them.
 - b. The clinical team supervisor, on-call supervisor, or the individual professional shall determine the need for a second individual to accompany them based on a risk assessment for potential violence.

- c. The second individual who responds may be a First Responder, a Mental Health Professional, a Substance Use Disorder Professional, or a mental health provider who has received training required in RCW 49.19.030.
 - d. No retaliation shall be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - e. The Crisis subcontractors have a written plan to provide training, mental health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit shall have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response, as available.
 - g. SBH-ASO Crisis subcontractors will provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.
6. Face to face evaluation and/or other interventions shall be required when requested by:
- a. SBH-ASO Staff
 - b. Law Enforcement
 - c. Designated Crisis Responder
 - d. Hospital Emergency Staff
 - e. Mental Health Outpatient Providers
 - f. Substance Use Disorder Treatment Services Providers
 - g. Detox Staff
 - h. Residential Providers
 - i. School Teachers/Counselors
 - j. Providers of Inpatient Psychiatric Services
 - k. Hospital Staff
 - l. Primary Care Physicians

Care Coordination Post Crisis

Once the crisis is stabilized, SBH-ASO and its providers will ensure a consistent and appropriate follow-up process for the individual. The SBH-ASO crisis delivery system works with all allied systems of care, to ensure the crisis recipients are kept safe and maintained in the least restrictive environment possible. Crisis services also work with local law enforcement, Tribal and non-tribal IHCPs, community mental health programs, SUD treatment providers, hospitals, shelters, and homeless services.

Ancillary Requirements of the SBH-ASO Crisis System

1. Crisis services to Tribal members (AI/AN) will be provided in accordance with Tribal Crisis Agreements and the current HCA-ASO contract.
2. All SBH-ASO Crisis subcontractors shall use an appropriate method, such as their electronic health record, to record the fact of contact with each person, where, when and which crisis services they received, care coordination provided and their demographic and clinical information.
3. All SBH-ASO ***Crisis subcontractors*** provide evidence of and demonstrate an ability to transmit that data to SBH-ASO, per contract terms, to meet all data requirements of timely and complete reporting of such services and Individual information.
4. Monitoring of the SBH-ASO Integrated Crisis System is under the purview of the Quality Assurance and Compliance Committee (QACC).



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ENSURING CARE COORDINATION FOR INDIVIDUALS **Policy Number:** CL201

Effective Date: 1/01/2020

Revision Dates: 10/27/2020

Reviewed Date: 4/16/2019

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

PURPOSE

To establish standards to ensure the provision of Care Coordination to individuals, including those utilizing excessive or unnecessary Crisis Services.

DEFINITIONS

POLICY

SBH-ASO ensures the provision of Care Coordination to individuals who come in contact with the crisis system or other SBHASO funded services within the Salish regional service area.

PROCEDURE

SBH-ASO promotes coordination, continuity, and quality of care that address the following:

1. Strategies to reduce unnecessary crisis system utilization through review of crisis logs to identify Individuals accessing excessive crisis services.
2. Care transitions and sharing of information among jails, prisons, hospitals, residential treatment centers, detoxification and sobering centers, homeless shelters and service providers for Individuals with complex behavioral health and medical needs. SBH-ASO participates in meeting across the region to maintain connection to the community, provide information and support, and assist in identifying Individuals requiring additional resources.
3. Continuity of Care for Individuals in an active course of treatment for an acute or chronic behavioral health condition, including preserving Individual-provider

relationships through transitions. SBH-ASO Care Managers provide care coordination for individuals accessing SBH-ASO funded services.

4. Use of GFS/FBG funds to care for Individuals in alternative settings such as homeless shelters, permanent supported housing, nursing homes, or group homes.
 - a. SBH-ASO will participate in and/or convene community meetings to address serving individuals with additional needs as listed above. SBH-ASO participates in meetings across the region to maintain connection to the community, provide information and support, and assist in identifying Individuals requiring additional resources.
5. SBH-ASO subcontractors screen individuals and assist in Medicaid enrollment on site or by referral as appropriate.

SBH-ASO collaborates with external entities to address barriers to high-risk non-Medicaid individuals accessing non-crisis behavioral health services. For Medicaid enrollees, SBH-ASO shall collaborate with MCOs to develop and implement strategies to coordinate care with community behavioral health providers for individuals with a history of frequent crisis system utilization.

- A. Individuals identified in SBH-ASO Priority Populations and Waiting Lists Policy are provided clinically relevant and coordinated care.
 - a. These individuals are identified at multiple points during clinical contact, including but not limited to intake/assessment, authorization/notification requests, and assessment for discharge readiness.
- B. Individuals also include those referred by community entities such as law enforcement, emergency department, or first responders.
- C. SBH-ASO and its subcontractors work to address barriers to appropriate and coordinated care if such issues surface. Such barriers may be identified through SBH-ASO customer service, care coordination, and community engagement.
- D. SBH-ASO collaborates with MCOs to develop and implement strategies to coordinate care with community behavioral health providers for individuals with a history of frequent crisis system utilization.
 - a. SBH-ASO maintains an updated list of MCO contacts for this purpose.
- E. Coordination of care strategies seek to reduce unnecessary utilization of crisis services by promoting relapse/crisis prevention planning and early intervention and outreach that addresses the development and incorporation of recovery-based interventions and mental health advance directives in treatment planning consistent with requirements of contracts.
 - a. These collaborative efforts include but are not limited to:
 - i. Scheduling Care Coordination meetings as needed.

ii. Coordination on a case by case basis.

SBH-ASO coordinates with External Entities including but not limited to:

- A. BH-ASOs for transfers between regions;
- B. Family Youth System Partner Roundtable (FYSPRT);
- C. Apple Health Managed Care Organizations to facilitate enrollment of Individuals who are eligible for Medicaid;
- D. Tribal entities regarding tribal members who access the crisis system;
- E. Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);
- F. The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
- G. DSHS and other state agencies;
- H. State and federal agencies and local partners that manage access to housing;
- I. Education systems, to assist in planning for local school district threat assessment process;
- J. Accountable Community of Health; and
- K. First Responders.

Care Coordination and Continuity of Care: Children and Youth in the Behavioral Health System

The SBH-ASO shall collaborate with child/TAY serving systems, as follows:

- A. Convene the regional CLIP Committee.
- B. If requested by a WISE provider, CLIP facility or other program in the behavioral health system served by the SBH-ASO.
- C. Refer potentially CLIP-eligible children to the CLIP Administration.
- D. Facilitation of Family Youth System Partnership Roundtable (FYSPRT)

E. Participation in Regional WISe Managers Meetings.

Care Coordination for Individuals

1. SBH-ASO subcontractors ensure coordination of service to individuals with higher or more complex needs.
2. Salish Regional Crisis Line will assist in identifying individuals who would benefit from additional coordination or for whom non-crisis services may be more appropriate.
3. Providers engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability. These plans are made available to the Salish Regional Crisis Line through the Crisis Alert platform and may be accessed by crisis staff as needed.
4. SBH-ASO has the capacity to receive a Care Coordination referral from any internal or external entity.
5. Upon receipt of a Care Coordination referral, SBH-ASO Care Managers will contact the Individual and Provider Agency, in coordination with any appropriate internal and external entities. Service-related decisions will be based on individual clinical presentation, risk, and within available resources.
6. SBH-ASO Utilization Management program monitors for over and underutilization trends for individuals.

SBH-ASO Care Managers coordinate the transfer of Individual information, including initial assessments, care plans, and mental health advanced directives with other BH-ASOs and MCOs as needed when an Individual moves between regions or gains or loses Medicaid eligibility, to reduce duplication of services and unnecessary delays in service provision, within all applicable privacy regulations.

1. SBH-ASO subcontractors assist with coordination of service to an individual including collection of releases of information for formal information and/or document sharing.
 - a. Adherence to this requirement will be reviewed as per the SBH-ASO Policy Provider Network Selection, Retention, Management, and Monitoring.
2. SBH-ASO will assist with coordinating care when barriers arise. Subcontractors or outside entities may contact SBH-ASO Care Managers to assist.
 - a. SBH-ASO Care Managers will contact all necessary entities/parties to ensure transfer of information occurs in a timely manner, within appropriate privacy regulations.

3. The transfer of this information can either be conducted via written or oral communication.

Disaster Response:

SBH-ASO shall participate in disaster preparedness activities and respond to emergency/disaster events (e.g., natural disasters, acts of terrorism) when requested by HCA, county, or local public health jurisdiction. The SBH-ASO shall attend state-sponsored training and participate in emergency/disaster preparedness planning when requested by HCA, the county or local public health jurisdiction in the region and provide Disaster Outreach and post-Disaster Outreach in the event of a disaster/emergency.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PRIORITY POPULATIONS AND WAITING LISTS **Policy Number:** CL204

Effective Date: 1/1/2020

Revision Dates: 5/11/2020; 10/27/2020

Reviewed Date: 7/26/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To specify how SBH-ASO services are administered and prioritized for Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG), and General Fund State (GFS) priority populations.

POLICY

SBH-ASO and its subcontractors shall comply with contract requirements around SABG, MHBG, and GFS priority populations and waiting lists to determine which members are given prioritized access to SBH-ASO funded services.

PROCEDURE

1. SABG services shall be provided in the following priority order to:
 - a. Pregnant individuals injecting drugs,
 - b. Pregnant individuals with substance use disorder,
 - c. Women with dependent children
 - d. Individuals injecting drugs.
2. SBH-ASO subcontractors provide SABG services, within available resources, in no particular order to the following additional priority populations:
 - a. Postpartum women up to one (1) year, regardless of pregnancy outcome,
 - b. Patients transitioning from residential care to outpatient care,
 - c. Youth,

- d. Legal Offenders
3. Access to SABG Services are provided within available resources and services are not denied to any eligible Individuals regardless of:
 - a. Individuals drug(s) of choice
 - b. The fact that an Individual is taking FDA approved medically-prescribed medications
 - c. The fact that an individual is using over-the-counter nicotine cessation medication or actively participating in a nicotine replacement therapy regimen.
 4. SBH-ASO subcontractors, as required by the SABG Block Grant, ensure Interim Services are provided for Pregnant and Post-partum Women and Individuals Using Intravenous Drugs (IUID).
 - a. Interim Services shall be made available within forty-eight (48) hours of seeking treatment. The Contractor shall document the provision of Interim Services. Interim Services shall include, at a minimum:
 - i. Counseling on the effects of alcohol and drug use on the fetus for pregnant women.
 - ii. Referral for prenatal care.
 - iii. Human immunodeficiency virus (HIV) and tuberculosis (TB) education.
 - b. TB treatment services if necessary IUID.
 - c. Admission to treatment services for the intravenous drug user shall be provided within fourteen (14) calendar days after the Individual makes the request, regardless of funding source. If there is no treatment capacity within fourteen (14) calendar days of the initial Individual request, offer or refer the Individual to Interim Services within forty-eight (48) hours of the initial request for treatment services.
 5. If SUD treatment services are not available due to limitations in a subcontractor's capacity the Individual is referred to another Provider.
 6. SBH-ASO requires all subcontractors to screen for SABG priority populations and maintain appropriate wait lists. SBH-ASO includes SABG priority population and waiting list criteria on the authorization request form that subcontractors complete and submit. SBH-ASO maintains a waitlist and coordination of interim services with subcontractors as needed.

7. SBH-ASO subcontractors provide non-crisis behavioral health services funded by GFS and/or MHBG (see Level of Care Policy), within available resources, to Individuals who meet financial eligibility standards.
8. An Individual may be served as funds are available, if they do not qualify for Medicaid, have income up to two-hundred-twenty percent (220%) of the federal poverty level, meet the medical necessity criteria (when applicable) for all services provided to them, and meet at least one of the following:
 - a. Are uninsured,
 - b. Have insurance, but are unable to pay the co-pay or the deductible for services,
 - c. Are using excessive Crisis Services (three (3) crisis contacts within 30 days) due to inability to access non-crisis behavioral health services,
 - d. Have more than five (5) visits over six (6) months to the emergency department, detox facility, or a sobering center due to a Substance Use Disorder.
9. SUD Waitlist management is reviewed weekly by the SUD Care Manager to provide coordination with subcontractors.
10. Provider capacity and waitlist management will be routinely reviewed during SBH-ASO Leadership Meetings, Internal Quality Committee Meetings, and if necessary, the Quality Assurance and Compliance Committee.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: GRIEVANCE AND APPEAL SYSTEM **Policy Number:** CA402

Effective Date: 1/1/2020

Revision Date(s): 8/28/2020

Reviewed Date: 7/16/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To describe the Salish Behavioral Health Administrative Service Organization's (SBH-ASO) Grievance and Appeal System which includes the Grievance Process, Appeal Process, and access to the Administrative Hearing Process for contracted services.

DEFINITIONS

Action means the denial or limited authorization of an SBH-ASO contracted service based on medical necessity.

Administrative Hearing (or Fair Hearing) means an adjudicative proceeding before an Administrative Law Judge or a Presiding Officer that is governed by RCW Chapter 34.05 or the Agency's hearing rules found in WAC Chapter 182-526 and other applicable laws.

Appeal means a request for review of an Action.

Appeal Process means SBH-ASO's procedures for reviewing an Action.

Expedited appeal process Means a review process for Appeals when SBH-ASO determines or a provider indicates that taking the time for a standard resolution could seriously jeopardize the Individual's life or health or ability to attain, maintain, or regain maximum function.

Grievance means an expression of dissatisfaction about any matter other than an Action. Possible subjects for grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Individual's rights.

Grievance and Appeal System means the overall system that includes Grievances and Appeals handled by SBH-ASO and access to the Administrative Hearing system.

Grievance Process means the procedure for addressing Individuals' Grievances (42 C.F.R. § 438.400(b)).

POLICY

SBH-ASO has a Grievance and Appeal System that includes a Grievance Process, an Appeal Process, and access to the Administrative Hearing Process for contracted services (WAC 182-538C-110).

SBH-ASO is responsible for accepting, responding to, and resolving non-Medicaid grievances related to the scope of work SBH-ASO is contracted with the HCA to perform.

PROCEDURE

General Grievance System Requirements

1. SBH-ASO maintains policies and procedures addressing the Grievance system, which comply with the requirements per Health Care Authority (HCA) BH-ASO contract.
 - a. SBH-ASO will seek approval in writing for all Grievance and Appeal System policies, procedures, and related notices to Individuals from HCA.
2. SBH-ASO provides Individuals any reasonable assistance necessary in completing forms and other procedural steps for Grievances and Appeals and provide information about the availability of Ombuds services to assist the Individual.
 - a. Individuals may use the free behavioral health Ombuds services. Ombuds services are offered and provided independent of SBH-ASO and are offered to Individuals at any time to help them with resolving issues or problems at the lowest possible level during the Grievance, Appeal, or Administrative Hearing processes.
3. SBH-ASO shall assure that interpreter services are provided for Individuals with a preferred language other than English or for Individuals who are deaf or hearing impaired at no cost to the Individual; this includes translation/interpreting services (including American Sign Language (ASL)) and TTY/TTD and/or Washington Relay Services all free of charge.
4. The SBH-ASO ensures adequate staffing to perform the Grievances and Appeals processes. Staffing adequacy will be monitored through Quality Assurance and Compliance Committee.
5. SBH-ASO staffs a sufficient number of trained customer service representatives able to access information and resolve Grievances and triage Appeals.
6. SBH-ASO provides the following information regarding the Grievance system for GFS/FBG funded Contracted Services to all Subcontractors, including:

- a. The toll-free numbers to file oral Grievances and Appeals.
 - b. The availability of assistance in filing a Grievance or Appeal.
 - c. The Individual's right to file Grievances and Appeals and their requirements and timeframes for filing.
 - d. The Individual's right to an Administrative Hearing, how to obtain an Administrative Hearing; and representation rules at an Administrative Hearing.
7. SBH-ASO ensures through ongoing Staff training that conflict and Grievance resolution processes are culturally and linguistically appropriate.
 8. SBH-ASO will acknowledge receipt of each Grievance, either orally or in writing, within two (2) business days.
 9. SBH-ASO will acknowledge in writing, the receipt of each Appeal. SBH-ASO will provide the written notice to both the Individual and requesting provider within three (3) calendar days of receipt of the Appeal.
 10. SBH-ASO will ensure that decision makers on Grievances and Appeals were not involved in previous levels of review or decision-making.
 11. Decisions regarding Grievances and Appeals shall be made by Health Care Professionals with clinical expertise in treating the Individual's condition or disease if any of the following apply:
 - a. If the Individual is appealing an action.
 - b. If the Grievance or Appeal involves any clinical issues.
 12. SBH-ASO will ensure the Health Care Professional making decisions regarding Grievances and Appeals:
 - a. Has clinical expertise in treating the Individual's condition or disease that is age appropriate (e.g., a board-certified Child and Adolescent Psychiatrist for a child Individual).
 - b. A physician board-certified or board-eligible in Psychiatry or Child or Adolescent Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for psychiatric treatment.
 - c. A physician board-certified or board-eligible in Addiction Medicine or a Sub-specialty in Addiction Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for SUD treatment.
 - d. Are one or more of the following, as appropriate, if a clinical Grievance or Appeal is not related to inpatient level of care denials for psychiatric or SUD treatment (ASAM 3.7):
 - i. Physicians board-certified or board-eligible in Psychiatry, Addiction Medicine, or Addiction Psychiatry;
 - ii. Licensed, doctoral level clinical psychologists; or
 - iii. Pharmacists.

Grievance Process

The following requirements and procedures are specific to SBH-ASO Grievance process:

1. Only an Individual or the Individual's authorized representative may file a grievance with SBH-ASO.
 - a. A provider may not file a Grievance on behalf of an Individual unless the provider is acting on behalf of the Individual and with the Individual's written consent.
2. SBH-ASO will request the Individual's written consent should a provider request an Appeal on behalf of an Individual without the Individual's written consent
3. SBH-ASO will accept, document, record, and process Grievances forwarded by HCA.
4. SBH-ASO will provide a written response to HCA within three (3) business days to any constituent Grievance. For the purpose of this subsection, "constituent Grievance" means a complaint or request for information from any elected official or agency director or designee.
5. SBH-ASO will assist the Individual with all Grievance and Appeal processes and provide information about the availability of Ombuds services to assist the Individual.
6. SBH-ASO will cooperate with any representative authorized in writing by the Individual.
7. SBH-ASO will consider all information submitted by the Individual or authorized representative.
8. SBH-ASO will investigate and resolve all Grievances whether received orally or in writing. SBH-ASO will not require an Individual or his/her authorized representative to provide written follow up for a Grievance or Appeal SBH-ASO received orally.
9. SBH-ASO will complete the disposition of a Grievance and notice to the affected parties as expeditiously as the Individual's health condition requires, but no later than 45 calendar days from receipt of the Grievance.
10. The notification may be made orally or in writing for Grievances not involving clinical issues. Notices of disposition for clinical issues must be in writing.
11. Individuals do not have the right to an Administrative Hearing regarding the disposition of a Grievance.

Appeal Process

1. SBH-ASO has a sufficient number of behavioral health clinical peer reviewers available to conduct Appeal reviews or to provide clinical consultation on complex cases, treatment plan issues, and other treatment needs. Clinical peer reviewers may be subcontracted and can be located outside of Washington State but shall be subject to the same supervisory oversight and quality monitoring as staff located in Washington State.
2. An Individual, the Individual's authorized representative, or a provider acting on behalf of the Individual and with the Individual's written consent, may Appeal an Action.
 - a. If a provider has requested an Appeal on behalf of an Individual, but without the Individual's written consent, SBH-ASO will not dismiss the Appeal without first attempting to contact the Individual within five (5)

calendar days of the provider's request, informing the Individual that an appeal has been made on the Individual's behalf, and then asking if the Individual would like to continue the Appeal.

If the Individual wants to continue the Appeal, SBH-ASO will obtain from the Individual a written consent for the Appeal. If the Individual does not want to continue the Appeal, SBH-ASO will formally dismiss the Appeal, in writing, with appropriate Individual Appeal rights and by delivering a copy of the dismissal to the provider as well as the Individual.

- b. For expedited Appeals, SBH-ASO may bypass the requirement for the Individual's written consent and obtain the Individual's oral consent. The Individual's oral consent shall be documented in SBH-ASO's records.
3. If HCA receives a request to Appeal an Action of SBH-ASO, HCA will forward relevant information to SBH-ASO and SBH-ASO will contact the Individual with information that a provider filed an appeal.
 4. For Appeals of standard service authorization decisions, an Individual, or a provider acting on behalf of the Individual, must file an Appeal, either orally or in writing, within 60 calendar days of the date on SBH-ASO's Notice of Action. This also applies to an Individual's request for an expedited Appeal.
 5. Oral inquiries seeking to Appeal an Action shall be treated as Appeals and be confirmed in writing, unless the Individual or provider requests an expedited resolution. The appeal acknowledgement letter sent by SBH-ASO to an Individual shall serve as written confirmation of an Appeal filed orally by an Individual.
 6. The Appeal process shall provide the Individual a reasonable opportunity to present evidence, and allegations of fact or law in writing. SBH-ASO will inform the Individual of the limited time available for this in the case of expedited resolution.
 7. The Appeal process shall provide the Individual and the Individual's representative opportunity, before and during the Appeals process, to examine the Individual's case file, including medical records, and any other documents and records considered during the Appeal process.
 8. The Appeal process shall include as parties to the Appeal, the Individual and the Individual's representative, or the legal representative of the deceased Individual's estate.
 9. In any Appeal of an Action by a Subcontractor, SBH-ASO or its Subcontractor shall apply SBH-ASO's own clinical practice guidelines, standards, protocols, or other criteria that pertain to authorizing specific services.
 10. SBH-ASO will resolve each Appeal and provide notice, as expeditiously as the Individual's health condition requires, within the following timeframes:
 - a. For standard resolution of Appeals and for Appeals for termination, suspension or reduction of previously authorized services a decision must be made within 14 calendar days after receipt of the Appeal, unless SBH-ASO notifies the Individual that an extension is necessary to complete the Appeal; however, the extension cannot delay the decision beyond 28 calendar days of the request for Appeal.

- b. For any extension not requested by an Individual, SBH-ASO must give the Individual written notice of the reason for the delay.
 - c. For expedited resolution of Appeals or Appeals of behavioral health drug authorization decisions, including notice to the affected parties, no longer than three (3) calendar days after SBH-ASO receives the Appeal.
11. SBH-ASO will provide notice of resolution of the Appeal in a language and format which is easily understood by the Individual. The notice of the resolution of the Appeal shall:
- a. Be in writing and sent to the Individual and the requesting provider. For notice of an expedited resolution, SBH-ASO will also make reasonable efforts to provide oral notice.
 - b. Include the date completed and reasons for the determination.
 - c. Include a written statement of the reasons for the decision, including how the requesting provider or Individual may obtain the review or decision-making criteria.
 - d. For Appeals not resolved wholly in favor of the Individual:
 - i. Include information on the Individual's right to request an Administrative Hearing and how to do so.

Expedited Appeals Process

1. SBH-ASO will establish and maintain an expedited Appeal review process for Appeals when SBH-ASO determines or a provider indicates that taking the time for a standard resolution could seriously jeopardize the Individual's life or health or ability to attain, maintain, or regain maximum function.
2. The Individual may submit an expedited Appeal either orally or in writing. No additional Individual follow-up is required.
3. SBH-ASO will make a decision on the Individual's request for expedited Appeal and provide written notice, as expeditiously as the Individual's health condition requires, within three (3) calendar days after SBH-ASO receives the Appeal. SBH-ASO will also make reasonable efforts to provide oral notice.
4. SBH-ASO may extend the timeframes by up to 14 calendar days if the Individual requests the extension; or SBH-ASO shows there is a need for additional information and how the delay is in the Individual's interest.
5. For any extension not requested by an Individual, SBH-ASO must give the Individual written notice of the reason for the extension.
6. SBH-ASO will ensure that punitive action is not taken against a provider who requests an expedited resolution or supports an Individual's Appeal.
7. If SBH-ASO denies a request for expedited resolution of an Appeal, it shall transfer the Appeal to the timeframe for standard resolution and make reasonable efforts to give the Individual prompt oral notice of the denial and follow up within two (2) calendar days with a written notice of denial.

Administrative Hearing

1. Only the Individual or the Individual's authorized representative may request an Administrative Hearing. A provider may not request an Administrative Hearing on

- behalf of an Individual.
2. If an Individual does not agree with SBH-ASO's resolution of an Appeal, the Individual may file a request for an Administrative Hearing within 120 calendar days of the date of notice of the resolution of the Appeal. SBH-ASO will not be obligated to continue services pending the results of the Administrative Hearing.
 3. If the Individual requests an Administrative Hearing, SBH-ASO will provide to HCA and the Individual, upon request, and within three (3) business days, all Contractor-held documentation related to the Appeal, including, but not limited to: transcript(s), records, or written decision(s) from participating providers or delegated entities.
 4. SBH-ASO is an independent party and is responsible for its own representation in any Administrative Hearing, Board of Appeals, and subsequent judicial proceedings.
 5. SBH-ASO's Behavioral Health Medical Director or designee shall review all cases where an Administrative Hearing is requested and any related Appeals.
 6. The Individual must exhaust all levels of resolution and Appeal within SBH-ASO's Grievance System prior to filing a request for an Administrative Hearing with HCA.
 7. SBH-ASO will be bound by the final order, whether or not the final order upholds SBH-ASO's decision.
 8. If the final order is not within the purview of this Contract, then HCA will be responsible for the implementation of the final order.
 9. The Administrative Hearings process shall include as parties to the Administrative Hearing, SBH-ASO, the Individual and the Individual's representative, or the legal representative of the deceased Individual's estate, and HCA.

Petition for Review

Any party may Appeal the initial order from the Administrative Hearing to HCA Board of Appeals in accordance with WAC Chapter 182-526. Notice of this right shall be included in the Initial Order from the Administrative Hearing.

Effect of Reversed Resolutions of Appeals and Administrative Hearings

If SBH-ASO's decision not to provide Contracted Services is reversed, either through a final order of the Washington State Office of Administrative Hearings or the HCA Board of Appeals, SBH-ASO will provide the disputed services promptly, and as expeditiously as the Individual's health condition requires.

Recording and Reporting Grievances, Adverse Authorization Determinations, and Appeals

SBH-ASO will maintain records of all Grievances, Adverse Authorization Determinations including Actions, and Appeals.

SBH-ASO will retain all records for a period of no less than 10 years after the completion of the grievance process.

1. The records shall include Grievances, Adverse Authorization Determinations including Actions, and Appeals handled by delegated entities, and all documents

- generated or obtained by SBH-ASO in the course of these activities.
2. SBH-ASO will provide separate reports to HCA, quarterly using Exhibit U, *Grievance, Adverse Authorization Determination, and Appeals* reporting template due the 15th of the month following the quarter.
 3. SBH-ASO is responsible for maintenance of records for and reporting of these activities handled by delegated entities.
 4. Reports that do not meet the Grievance and Appeal System reporting requirements shall be returned to SBH-ASO for correction. Corrected reports will be resubmitted to HCA within 30 calendar days.
 5. The report medium shall be specified by HCA.
 6. Reporting of Grievances shall include all expressions of Individual dissatisfaction not related to an Action. All Grievances are to be recorded and counted whether the Grievance is remedied by the Contractor immediately or through its Grievance and quality of care service procedures.

Grievance and Appeal System Terminations

When available resources are exhausted, any Appeals or Administrative Hearings related to a request for authorization of a non-Crisis Contracted Service will be terminated since non-Crisis Services cannot be authorized without funding regardless of medical necessity.

After termination of its contract with the HCA, the SBH-ASO will remain obligated to provide the administrative services associated with Individual Appeals provided to Individuals prior to the effective date of termination under the terms of the prior contract.

Grievance Process for Medicaid Enrollees

The Managed Care Organizations (MCO) retain and do not delegate to SBH-ASO the responsibility for responding to and resolving Grievances for Medicaid Enrollees. SBH-ASO will transfer and refer any Grievance for Medicaid Enrollees to the MCO with which the Individual is enrolled no later than the end of the next business day following the date of receipt, irrespective of whether such Grievance is related to the SBH-ASO, a SBH-ASO sub delegate, an MCO, or a Behavioral Health Agency (BHA).

Upon the MCO's request, SBH-ASO will provide all reasonable assistance to the MCO in its investigation and resolution of a Medicaid Grievance. The MCO will be responsible for providing the notice of the resolution of a Medicaid Grievance to the affected member or provider.

Grievance and Appeal System Monitoring

SBH-ASO monitors its adherence to this Policy. Any discrepancies identified (e.g., deviance from expected timelines, Ombuds input, or HCA feedback) will be addressed by the Quality Assurance and Compliance Committee.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL RIGHTS AND PROTECTIONS **Policy Number:** CA403

Effective Date: 1/1/2020

Revision Dates: 9/25/2020

Reviewed Date:

Executive Board Approval Dates: 11/1/2019

PURPOSE

To ensure that Salish Behavioral Health Administrative Services Organization (SBH-ASO) Individuals are fully informed of their rights and responsibilities in accordance with applicable state and federal laws.

POLICY

SBH-ASO and its subcontractors shall comply with any applicable State and Federal laws that pertain to Individuals' rights and protections and ensure that its staff protect and promote those rights when furnishing services to Individuals. Subcontractors are responsible for ensuring each Individual requesting/receiving a service is informed of their rights.

PROCEDURE

General Requirements

The SBH-ASO and its subcontractors shall guarantee that each Individual has the following rights:

1. To information regarding the Individual's behavioral health status.
2. To receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner.
3. To receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).
4. To participate in decisions regarding his or her behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions.

5. To be treated with respect and with due consideration for his or her dignity and privacy.
6. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
7. To request and receive a copy of his or her medical records, as specified in 45 C.F.R. Part 164, to review the clinical record in the presence of the administrator or designee, and to request that the record be amended or corrected.
8. To be free to exercise his or her rights and to ensure that doing so does not adversely affect the way the Contractor treats the Individual.
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
13. Be free of any sexual harassment;
14. Be free of exploitation, including physical and financial exploitation;
15. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
16. Receive a copy of agency grievance system procedures according to WAC Chapter 182-538C-110 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if the individual believes their rights have been violated; and
17. Submit a report to the Department of Health when the individual feels the agency has violated a WAC requirement regulating behavioral health agencies.

In addition to the rights above, Individuals receiving involuntary treatment services have the following rights:

18. The right to individualized care and adequate treatment;
19. The right to discuss treatment plans and decisions with professional persons;
20. The right to access treatment by spiritual means through prayer in accordance with tenets and practices of a church or religious denomination *in addition to medical treatment*

Subcontractor Requirements

SBH-ASO and its subcontractors requires a criminal history background check through the Washington State Patrol for employees, volunteers, and contractors of the SBH-ASO who may have unsupervised access to children, people with developmental disabilities or vulnerable adults, in accordance with Chapter 388-06 WAC.

Each subcontractor licensed to provide any behavioral health service must develop a statement of Individual participant rights applicable to the service categories the agency is licensed for, to ensure an Individual's rights are protected in compliance with RCW 71.05, 71.12, and 71.34. In addition, the subcontractor must either utilize the SBH-ASO "Individual Rights Statement" or develop a general statement of Individual rights that incorporates, at a minimum, the rights outlined in the General Requirements section of this Policy.

Subcontractor are responsible for ensuring the SBH-ASO Individual Rights, or equivalent, are offered to each person at the initial intake/assessment or first face-to-face crisis contact. Subcontractors are responsible for ensuring a copy of the Individual Rights document is signed by the Individual at the first outpatient appointment documenting that the rights are understood and accepted. The signed Individual Rights document will be maintained in the Individual's clinical record. Subcontractors shall document in the clinical record if the individual chooses not to sign the Individual Rights document. Subcontractors are expected to review the rights with the individual as frequently as necessary.

Subcontractors will prominently post the current Individual Rights in each location where an individual receives services.

Subcontractors will ensure a copy of the Individual Rights and Individual Rights Policy and Procedure are provided to individuals, family members or other interested persons upon request. Subcontractor employees shall be apprised of this policy and the procedures set forth in this policy upon hire. Documentation of this training will be maintained within each employee's personnel file.

Each subcontractor must ensure that the current Individual Rights described in this policy are available in alternative formats acceptable to the individual and translated to the most commonly used languages in the subcontractor's service area.



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION INDIVIDUAL RIGHTS

You have the right to:

1. Information regarding your behavioral health status.
2. Receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner.
3. Receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).
4. Participate in decisions regarding your behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions.
5. Be treated with respect and with due consideration for your dignity and privacy.
6. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
7. Request and receive a copy of your medical records, as specified in 45 C.F.R. Part 164, to review the clinical record in the presence of the administrator or designee, and to request that the record be amended or corrected.
8. Be free to exercise your rights and to ensure that doing so does not adversely affect the way the Contractor treats you.
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. You have the right to refuse participation in any religious practice;
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
13. Be free of any sexual harassment;
14. Be free of exploitation, including physical and financial exploitation;
15. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
16. Receive a copy of agency grievance system procedures according to WAC Chapter 182-538C-110 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if you believe your rights have been violated; and
17. Submit a report to the Department of Health when the you feel the agency has violated a WAC requirement regulating behavioral health agencies.

In addition to the rights above, if you are receiving involuntary treatment services you have the following additional rights:

18. The right to individualized care and adequate treatment;
19. The right to discuss treatment plans and decisions with professional persons;

20. The right to access treatment by spiritual means through prayer in accordance with tenets and practices of a church or religious denomination *in addition to medical treatment*

Assistance is Available:

If you have questions about any part of this notice, or need this form in another language or a different format such as American Sign Language (ASL), oral interpretation, Braille, or large print, please call us at 1-800-525-5637 or please contact us through our Telecommunication Relay Service (TTY) at 1-800-833-6384 or dial 7-1-1. All accommodations or requests for alternative formats are provided at no cost.

Si tiene alguna pregunta de la información en esta correspondencia, o si necesita la información en otro idioma, o en un formato diferente (lenguaje de señas americano, interpretación oral, braille, o letra grande), llámenos al 1-800-525-5637 o comuníquese con nosotros a través de nuestro Servicio de retransmisión de telecomunicaciones (TTY) al 1-800-833-6384 o marque 7-1-1. Todos los alojamientos de formatos alternativos se proporcionan sin costo.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA INTEGRITY

Policy Number: IS602

Effective Date: 1/1/2020

Revision Dates: 8/20/2020

Reviewed Date: 4/08/2019

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

PURPOSE

To specify the processes for ensuring the latest information is available to Salish Behavioral Health Administrative Services Organization (SBH-ASO) which ensures that SBH-ASO data, and therefore the Health Care Authority (HCA) and Managed Care Organizations (MCOs) data is as current and error free as possible.

POLICY

SBH-ASO will submit accurate and complete data to the HCA and MCOs.

PROCEDURE

- A. SBH-ASO requires contracted providers to submit encounter data and supplemental transactions weekly. Data submitted must be in accordance with the Encounter Data Reporting Guide, BHDS Data Guide, SBH-ASO Data Dictionary, and the IMC Service Encounter Reporting Instructions (SERI).
- B. SBH-ASO will import and process files daily and proactively run error handling processes to identify anticipated rejections from the HCA and MCOs.
- C. After the import process is complete, contracted providers will receive an agency response file which lists all transactions and import status. SBH-ASO will communicate with the contracted providers any data anomalies, such as:
 1. Different client ID for same client in agency.
 2. Significant change in number of clients, or number of services reported at a contracted provider site.
 3. Any outstanding errors must be corrected and resubmitted within 30 days.

4. SBH-ASO will provide technical assistance as necessary to support this process.

D. SBH-ASO exports data weekly Supplemental and encounter files are generated and uploaded to the HCA and/or the MCO portals.

E. SBH-ASO downloads error reports from MCOs and HCA, when they are made available, and any errors received are corrected within 30 days.

F. SBH-ASO will import the eligibility, claims, and payment files from the HCA and the MCOs on a weekly schedule. They are imported and processed into the SBH-ASO system upon retrieval.

All data sent to SBH-ASO by contracted providers and all data sent by SBH-ASO to the HCA and MCOs will be certified concurrently with each file upload per 42 CFR 438.606 and the Encounter Data Reporting Guide.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA SUBMISSION PROCEDURES **Policy Number:** IS603

Effective Date: 1/1/2020

Revision Dates: 9/11/2020

Reviewed Date: 4/10/2019

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

PURPOSE

To detail the process of how encounter and supplemental data is submitted to the HCA and Managed Care Organizations (MCOs) from the Salish Behavioral Health Administrative Services Organization (SBH-ASO) System.

POLICY

SBH-ASO submits supplemental data to the HCA in accordance with the timelines established in the most current BHDS Data Guide.

SBH-ASO submits encounter data to the HCA and MCOs within 30 days from the close of the calendar month in which the encounter occurred.

PROCEDURE

SBH-ASO uses an SFTP to upload data files to the HCA and MCOs on a weekly schedule, as described below:

Supplemental data

The supplemental data is exported weekly to the HCA in a tab-delimited text file.

- SFTP site is located at sft.wa.gov and using the `hca-salish` username.
- The file is uploaded to `/NewBatch` folder
- The batch report is available the next day in the `/BatchReport` folder
- The batch report is reviewed for any errors. Errors are corrected and those records resubmitted in the next week's batch upload.

SBH-ASO will report any data related to ITA investigations and detentions under Chapter 71.05 and 71.34 RCW within twenty-four (24) hours of receipt.

Encounters/Claims

The SBH-ASO submits and maintains accurate, timely, and complete data.

1. SBH-ASO will designate a dedicated person to work collaboratively with HCA on quality control and review of encounter data submitted to the HCA. SBH-ASO designates its IS Manager.
2. SBH-ASO will submit to HCA complete, accurate, and timely data for all services for which the SBH-ASO has incurred any financial liability, whether directly or through subcontracts or other arrangements in compliance with current encounter submission guidelines as published by HCA. The SBH-ASO submits encounter data using assigned program identifiers. The data adheres to the following quality standards:
 - A. Submitted encounters and encounter records shall have all fields required and found on standard healthcare claim billing forms or an electronic healthcare claim format to support proper adjudication of an encounter. The SBH-ASO shall submit to HCA, without alteration, omission, or splitting all available claim data in its entirety from the Provider's original claim submission to the SBH-ASO.
 - B. Submitted encounters and encounter records must pass all HCA ProviderOne system edits with a disposition of accept as listed in the Encounter Data Reporting Guide or sent out in communications from HCA to the SBH-ASO; and
 - C. Submitted encounters or encounter records must not be a duplicate of a previously submitted and accepted encounter or encounter record unless submitted as an adjustment or void per HIPAA Transaction Standards.
 - D. The data quality standards listed within the HCA BH-ASO Contract. The SBH-ASO will make changes or corrections to any systems, processes or data transmission formats as needed to comply with HCA's data quality standards as defined and subsequently amended.
 - E. The SBH-ASO certifies the accuracy and completeness of all data concurrently with each file upload. The certification must affirm that:
 - i. The SBH-ASO has reported to HCA for the month of (indicate month and year) all paid claims for all claim types; and
 - ii. The SBH-ASO has reviewed the claims data for the month of submission;

- iii. The SBH-ASO's Administrator has the authority and is the individual certifying the submission.
 - iv. The individual certifying must attest that based on the best knowledge, information, and belief as of the date indicated, all information submitted to HCA in the submission is accurate, complete, truthful, and no material fact has been omitted from the submission.
 - v. The certification must indicate if the Administrator is ultimately responsible for the encounter data submission.
3. HCA may change the Encounter Data Reporting Guide and SERI Guide with ninety (90) calendar days' written notice to the SBH-ASO.
 4. The Encounter Data Reporting Guide and SERI Guide may be changed with less than ninety (90) calendar days' notice by mutual agreement of the SBH-ASO and HCA.
 5. The SBH-ASO shall, upon receipt of such notice from HCA, provide notice of changes to subcontractors.
 6. The SBH-ASO shall ensure that final reporting of encounters for services provided under the HCA BH-ASO Contract shall occur no more than ninety (90) calendar days after the end of each fiscal year of the HCA BH-ASO Contract.

The SBH-ASO operationalizes the above requirements through the processes listed below.

Encounter/Claim data is sent to HCA or the MCOs on a weekly schedule. Files are sent in an 837P or 837I format with any alterations required by HCA and the separate MCOs.

- The SFTP for HCA files is <ftp.waproviderone.org> as user 105021001
- The files are uploaded to the /PROD/HIPAA_Inbound folder.
- In general, within a few hours the acknowledgement files are available in the /PROD/HIPAA_ACK folder.
- If any of the files received an error and did not import, the file is corrected and resent.
- MCO files are sent to their respective SFTPs. MCOs should provide acknowledgement files. Acknowledgement files are received to confirm successful submission of data. Any file errors are corrected and resent.

Any data records that had been submitted by the SBH-ASO that were rejected by the HCA and MCOs shall be investigated for the cause of rejection, data corrected, and marked as needing to be resubmitted. Depending on the cause of the rejection,

subcontracted providers may be notified of necessary data correction. All data errors shall be remedied within 30 days from the receipt of the batch report.

Data Certification

To comply with 42 CFR 438.606, SBH-ASO certifies the accuracy and completeness of submitted encounter data or other required data submissions concurrently with each file upload.

The SBH-ASO IS Manager will email data certification to encounterdata@hca.wa.gov per the Encounter Data Reporting Guide. A month-end certification form is signed by the SBH-ASO Administrator and emailed to encounterdata@hca.wa.gov.

A month-end certification form is signed by the SBH-ASO Administrator and emailed to the respective MCO by the SBH-ASO IS Manager on a monthly basis.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DISASTER RECOVERY AND BUSINESS CONTINUITY **Policy Number:** IS604

Effective Date: 1/1/2020

Revision Dates: 10/15/2020

Reviewed Date: 4/8/2019

Executive Board Approval Dates: 5/17/2019

CROSS REFERENCES

- Policy: Kitsap County Information Services Disaster Recovery Policy

PURPOSE

To outline the process of Salish Behavioral Health Administrative Services Organization (SBH-ASO) coordination with Kitsap County Information Services for the purpose of implementing the Disaster Recovery Plan.

POLICY

The SBH-ASO has and requires its subcontractors to have a primary and back-up system for electronic submission of data requested by HCA. The system includes the use of the Inter-Governmental Network (IGN) Information Systems Services Division (ISSD) approved secured virtual private network (VPN) or other ISSD-approved dial-up. In the event these methods of transmission are unavailable and immediate data transmission is necessary, an alternate method of submission will be considered based on HCA approval.

It is the mission of SBH-ASO to create and maintain a business continuity and disaster recovery plan that ensures timely reinstatement of the Consumer information system following total loss of the primary system or a substantial loss of functionality

The scope of this policy is limited to the effective and efficient restoration of communications and data flow between SBH-ASO, its subcontractors, HCA, and the MCOs.

PROCEDURE

- A. Appointed Disaster Recovery Staff for SBH-ASO will consist of:
 - SBH-ASO Administrator
 - SBH-ASO IS Manager
- B. In the event of an emergency, the SBH-ASO Administrator would be the first point of contact by Kitsap County IS. The SBH-ASO IS Manager would assist the Administrator and Kitsap County IS during the recovery operations. If the SBH-ASO Administrator and SBH-ASO IS Manager are unable to perform these duties, the SBH-ASO Deputy Administrator and Kitsap IS will fill those roles.
 - The SBH-ASO Administrator and the SBH-ASO IS Manager will be the points of contact for SBH-ASO subcontractors.
- C. The Kitsap County Disaster Recovery Management Team is responsible for leading the overall system recovery priority and restoring communications for Kitsap County. A complete list of emergency contacts is kept by Kitsap IS on each of their cell phones.
 - SBH-ASO employees have a phone list at home in case of emergency and to support disaster recovery activities.
- D. Kitsap County IS maintains the applications inventory for SBH-ASO as well as confirmation of updated systems and operations documentation. Kitsap County IS also maintains all hardware and software vendor lists.
- E. All backup processes are run nightly by Kitsap County IS, including SBH-ASO data, and off-site storage of data backups is kept in the cloud and at the Kitsap 911 facility.
- F. Designated recovery site strategies are facilitated by Kitsap County IS and Facilities.
- G. The file recovery system is tested weekly and logs are available on request.
- H. SBH-ASO will submit an annual certification statement indicating there is a business continuity disaster plan in place for both the SBH-ASO and its Subcontractors. The certification must be submitted by January 1 of each Contract year. The certification must indicate the plan is up to date, the system and data backup and recovery procedures have been tested, and copies of the SBH-ASO and Subcontractor plans are available for HCA to review and audit.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CRISIS STABILIZATION SERVICES

Policy Number: UM805

Effective Date: 1/1/2020

Revision Dates: 3/12/2020; 10/29/2020

Reviewed Date: 7/30/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

The purpose of this policy is to ensure the provision of Crisis Stabilization Services to non-Medicaid individuals in the Salish region as available resources allow and subject to eligibility and medical necessity review.

POLICY

Crisis Stabilization Services are provided to individuals who are experiencing a behavioral health crisis. These services are to be provided in a home-like setting, or a setting which provides safety for the individual and the staff, such as facilities licensed by the Department of Health (DOH) as either a Crisis Stabilization or Crisis Triage facility.

PROCEDURE

A. Stabilization Service Program Elements

1. 24 hours per day/7 days per week availability.
2. Services may be provided prior to intake evaluation.
3. Services must be provided by a Mental Health Professional (MHP), or under the supervision of an MHP.
4. SBH-ASO provides for these services in a home-like setting, or a setting that provides for safety of the person and the staff.
5. Service is short-term and involves, but is not limited to, face-to-face assistance with life skills training and understanding of medication effects and follow-up services in accordance with HCA BH-ASO Contract and regulatory requirements.
6. Services may be provided as follow-up to crisis services or to those determined by an MHP to need additional stabilization services.

7. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting
8. Have a protocol for requesting a copy of an individual's crisis plan
9. Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location
10. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW [71.05.710](#)
11. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility
12. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
13. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

B. Stabilization Service Outcomes

1. Evaluate and stabilize individuals in their community and prevent avoidable hospitalization;
2. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;
3. Actively facilitate resource linkage so individuals can return to baseline functionality; and
4. Provide follow-up contact to the individual to ensure stability after discharging from a facility.

Referral, Inclusion, and Exclusionary Criteria

Crisis stabilization providers shall use standardized admission and exclusion criteria for crisis stabilization services.

A. Whenever possible, referrals to crisis stabilization will include the following information:

1. Behaviors or behavioral health symptoms that cause concern or require special care or safety measures;
2. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment, and impaired judgment;
3. History of mental health issues, including suicidality, depression, and anxiety;
4. Social, physical, and emotional strengths and needs;
5. Current substance use;
6. Functional abilities in relationship to Activities of Daily Living (ADLs) and ambulation; and

7. Current medications and medical needs.

When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.

B. Inclusionary Criteria

1. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis.
2. Individuals must be willing to admit to a voluntary facility.
3. Individuals, if a risk to self, must be willing to engage in safety planning.
4. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance, and smoking.
5. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
6. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
7. Individuals must be able to perform basic ADLs and be able to self-ambulate.

C. Exclusionary Criteria

1. Individuals needing immediate medical intervention for an acute or chronic condition or whose ongoing medical needs exceed the capacity of the facility or home setting.
2. Individuals who present a high likelihood of violence or arson at time of admit.
3. Any non-emergent referral for Crisis Stabilization Services.

Utilization Management

Crisis Stabilization Services are provided in a home like setting or in a facility licensed by DOH as either Crisis Stabilization Units or Crisis Triage. Authorization of payment is based on eligibility, subject to medical necessity, and within available resources.

A. Certification of Services

1. Emergent Admission:
 - a. Emergent Referrals are those instances where the individual is referred for Crisis Stabilization Services by one of the following:
 - i. Hospital Emergency Department
 - ii. Law Enforcement
 - iii. DCR
 - b. No Prior Authorization is required. Notification to SBH-ASO is required within 24 hours of admit.

- c. Concurrent review is conducted within one (1) business day from receipt.
- 2. Concurrent/Continued Stay Review Requests:
 - a. Prior Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are limited to three to five (3-5) days depending on medical necessity.
 - b. Concurrent/Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.
 - c. Concurrent/Continued Stay reviews will be completed within 72 hours.

Discharge Planning Standards

- A. Planning for discharge is expected to begin at admission.
- B. Prior to any planned discharge
 - 1. A referral to a behavioral health provider for outpatient services.
 - 2. Information regarding available crisis services and community-based supports.
- C. Prior to any unplanned discharge, the program shall review current risk and necessary supports.
 - 1. If significant risk is indicated, program staff shall request ongoing services to continue stabilization or a request for Mobile Crisis Outreach.
 - 2. A referral to a behavioral health provider for outpatient services.
 - 3. Information regarding available crisis services and community-based supports.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: HIPAA BREACH NOTIFICATION REQUIREMENTS

Policy Number: PS906

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

Breach notification regulations, issued in August 2009, implement section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act by requiring HIPAA Covered Entities and their Business Associates to provide notification following a breach of unsecured protected health information. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) in an effort to be compliant with the Privacy Rules of Health Insurance Portability and Accountability Act's (HIPAA) Administrative Simplification provisions, sets out in this policy, rules regarding notification in the case of a breach.

POLICY

The SBH-ASO adheres to and requires its Business Associates to comply with HIPAA notice requirements to individuals whose unsecured PHI has been impermissibly accessed, acquired, used, or disclosed as well as the notification requirements to the U.S. Department of Health and Human Services. Additionally, the SBH-ASO complies with the HCA BH-ASO breach notification requirements.

DEFINITIONS

Breach: Any unauthorized acquisition, access, use, or disclosure of protected health information will be considered a breach unless the Covered Entity (CE) or Business Associate (BA) can show the chance of protected health information being compromised is low. The SBH-ASO will use the four factor aids listed to determine whether Protected Health Information (PHI) has been compromised to the extent necessary to be considered and reported as a breach.

1. the identity of the person to whom the PHI was disclosed to

2. if the PHI was acquired or viewed
3. the actual content of the PHI e.g. identifying factors
4. how the risk of disclosure of PHI has been mitigated

For the purposes of this definition “compromises the security or privacy of the protected health information” means that it poses a risk of financial, reputational, or other harm to the individual. A use or disclosure of protected health information that does not include the following identifiers does not compromise the security or privacy of the protected health information:

- Names
- Date of Birth
- Zip Code
- Postal address information, other than town or city, and State
- Telephone numbers
- Fax numbers
- Electronic mail addressee
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account number
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate number
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images

Breach excludes:

- Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of SBH-ASO, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under SBH-ASO HIPAA Privacy and Security policies.
- Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under SBH-ASO HIPAA Privacy and Security policies.
- A disclosure of protected health information where SBH-ASO has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Unsecured protected health information: means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111–5 on the HHS Web site, which is updated annually. The HHS Web site address for this guidance is: <https://www.hhs.gov/hipaa/for-professionals/breach-notification/guidance/index.html>.

PROCEDURE

1. **Discovery of a Breach:** Workforce members who believe an individual's PHI has used or disclosed in any way that compromises the security or privacy of that information will immediately notify the SBH-ASO Privacy Officer, verbally or in writing.

Following a discovery of any potential breach, the SBH-ASO Privacy Officer shall begin a thorough investigation. If the PHI is determined to have been compromised to the extent of a breach, the SBH-ASO will notify each individual whose unsecured protected health information has been, or is reasonably believed by the covered entity to have been, accessed, acquired, used, or disclosed as a result of such breach.

A breach shall be treated as discovered the first day on which it is known, or if by exercising reasonable diligence it would have been known to any staff person of the SBH-ASO.

2. **Breach Investigation:** SBH-ASO Privacy Officer is responsible for the management of the HIPAA breach investigation and coordinating with SBH-ASO and Business Associate staff, as necessary. All SBH-ASO and Business Associate staff who were directly involved in the potential breach are expected to complete the SBH-ASO risk assessment, with the assistance of the SBH-ASO Privacy Officer as needed. As the principal investigator, the SBH-ASO Privacy Officer will be the facilitator of all breach notification processes.
3. **Risk Assessment:** For breach response and notification purposes, a breach is presumed to have occurred unless the SBH-ASO can demonstrate there is a low probability that the PHI has been compromised on, at a minimum, the following risk factors:
 - a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification. Consider:
 - i. Social security or Provider One numbers
 - ii. Identifying clinical details, diagnosis, treatment, and medications
 - iii. Demographic information
 - b. The unauthorized person who used the PHI or to whom the disclosure was made.

- i. Does the unauthorized person have obligations to protect the PHI's privacy and security?
 - ii. Does the unauthorized person have the ability to re-identify the PHI?
- c. Whether the PHI was actually acquired or viewed.
 - i. Does analysis of a stolen and recovered device show that PHI stored on the device was never accessed?
- d. The extent to which the risk to the PHI has been mitigated.
 - i. Can the SBH-ASO obtain the unauthorized person's satisfactory assurances that the PHI will not be further used or disclosed and will be destroyed?

The evaluation should consider these factors, or more, in combination to determine the overall probability that PHI has been compromised. The risk assessment should be thorough and completed in good faith, and the conclusions should be reasonable.

Based on the outcome of the risk assessment, SBH-ASO Privacy Officer will determine the need to move forward with breach notification. The Privacy Officer must document the risk assessment and the outcome of the risk assessment process.

4. **Notification – Health Care Authority:** SBH-ASO shall notify the HCA of a compromise within five (5) business days of discovery. At HCA's request SBH-ASO will coordinate its investigation and notifications with HCA and the Office of the State of Washington Chief Information Officer (OCIO), as applicable. SBH-ASO shall notify HCA in writing within two (2) business days of determining notification must be sent to non-Medicaid individuals. At HCA's request SBH-ASO will provide draft Individual notification to HCA at least five (5) business days prior to notification and allow HCA an opportunity to review and comment on the notifications. If the SBH-ASO does not have full details regarding the potential breach, it will report what is available, and then provided full details within fifteen (15) business days of discovery.
5. **Notification to Affected Individual(s):** If it is determined that breach notification must be sent to affected individuals, a standard breach notification letter (as modified for the specific breach) will be sent to all affected individuals. The SBH-ASO also has the discretion to provide notification following an impermissible use or disclosure of PHI without performing a risk assessment, if deemed appropriate.
 - a. **Content of Notification:** Notice to affected individuals shall be written in plain language and must contain the following information:
 - i. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;

- ii. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 - iii. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 - iv. A brief description of what the covered entity involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and
 - v. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.
- b. **Timeliness of notification:** Except when there is a law enforcement delay as described in section 8 below, Law Enforcement Delay, SBH-ASO shall provide the notification to the affected individual(s) without unreasonable delay, and in no case later than 60 calendar days after discovery of the breach.
- c. **Methods of notification:** Written notification shall be provided by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail.
- i. In the case in which there is insufficient or out of date contact information that precludes written notification to the individual, a substitute form of notice reasonably calculated to reach the individual shall be provided:
 1. If there are fewer than 10 individuals for whom there is insufficient or out of date contact information the substitute notice may be provided by an alternative form of written notice, telephone, or other means.
 2. If there are 10 or more individuals for whom there is insufficient or out of date contact information for 10 or more individuals the substitute notice shall:
 - Be in the form of either a conspicuous posting for a period of 90 days on the home page of the SBH-ASO Web site, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and
 - Include a toll-free phone number that remains active for at least 90 days where an individual can learn whether the individual's unsecured protected health information may be included in the breach.
 - ii. If SBH-ASO determines that imminent misuse of unsecured protected health information is present and that disclosure to affected individuals is urgent, then SBH-ASO may provide information to individuals by telephone or other means, as

appropriate, in addition to all other requirements in this policy.

- iii. If the individual is deceased, the written notification shall be made to either the next of kin or personal representative if SBH-ASO has the address of the next of kin or personal representative, unless there is insufficient or out of date contact information for the next of kin or personal representative.
- iv. When a breach of unsecured protected health information involves more than 500 individuals as long as the 500 affected individuals are all residents of the Washington State, SBH-ASO shall notify prominent media outlets serving affected residents, such as local newspapers, in addition to the individual notification as described in this policy.

6. **Notification – U.S. Department of Health and Human Services:** Following the discovery of a breach of unsecured protected health information, SBH-ASO shall notify the Secretary.

- a. If the breach involves 500 or more individuals, SBH-ASO shall provide notice to the Secretary at the same time as notice is provided to the affected individuals, and in the manner specified on the HHS Web site.
- b. If the breach involves less than 500 individuals, SBH-ASO shall maintain a log or other documentation of such breaches and, not later than 60 days after the end of each calendar year, notify the Secretary of the breaches occurring during the preceding calendar year, in the manner specified on the HHS Web site.
- c. The HHS Web site address for Instructions to notify the Secretary is: <https://www.hhs.gov/hipaa/for-professionals/breach-notification/guidance/index.html>.

7. **Notification – by a Business Associate (BA):** Unless there is a law enforcement delay as described in this policy, the SBH-ASO requires that all network Contractors and Subcontractors notify the SBH-ASO Privacy Officer in writing of a breach within five (5) business days of discovery, as well as two (2) business days after determining notifications must be sent to individuals. Such notice shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed by the business associate to have been accessed, acquired, used or disclosed during the breach. The BA shall provide SBH-ASO with any other available information that is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available. Upon notification by the BA of discovery of a breach, the BA will be responsible for notifying affected individuals, HHS, and HCA.

8. **Law Enforcement Delay:** If a law enforcement official states to SBH-ASO that a notification, notice or posting required under this policy would impede a criminal investigation or cause damage to national security, SBH-ASO shall:

- a. Delay such notification, notice, or posting for the time period specified by the official, as long as there is a written statement that specifies the time for which a delay is required.
- b. If the official's communication regarding the criminal investigation or national security threat is made orally, SBH-ASO shall document the statement, include the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described above is submitted during that time.

Monitoring of the above aforementioned Procedures is consistent with the SBH-ASO **Monitoring Policy**.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL PROTECTED HEALTH INFORMATION RIGHTS

Policy Number: PS907

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To ensure Individuals understand and can access their rights regarding their Protected Health Information (PHI).

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO), in an effort to be compliant with the privacy rules of the Health Insurance Portability and Accountability Act's (HIPAA) Administrative Simplification provisions and 42 CFR Part 2, sets out in this policy, the individual rights regarding their protected health information.

These rights fall into six (6) general categories:

1. The right of adequate notice of:
 - a. Uses and disclosure of PHI that may be made by SBH-ASO
 - b. The individual's rights and SBH-ASO's legal duties with respect to the individual's PHI
2. The right to access PHI
3. The right to request amendment and/or correction of PHI
4. The right to request and receive an accounting of disclosures of PHI
5. The right to request restrictions on the use and/or disclosure of PHI
6. The right to request confidential communication

PROCEDURE

1. Adequate Notice

SBH-ASO recognizes that the most important individual right provision in the HIPAA regulations is the right to notification of SBH-ASO's privacy practices. This right affords individuals the opportunity to become aware of and understand how their PHI will be used and disclosed. This notice becomes the portal through which individuals are able to further access their information and to control the uses and disclosures of such information. SBH-ASO, in its efforts to meet compliance with these regulations, has developed its privacy notices to conform to the requirements as described in the regulations. Additionally, the Privacy Notice will be posted in the Region Office. The SBH-ASO Privacy Notice will be made available through the SBH-ASO providers, posting at the Region Office, and via the SBH-ASO website.

2. Access to PHI

- a. SBH-ASO considers all requests from our individuals, or previous individuals, for access to their PHI that is maintained in the designated record set and that is dated after April 14, 2003 (see policy on Designated Record Set, PS914). SBH-ASO will consider individual requests to either inspect or obtain a copy of their PHI for as long as their PHI is maintained in the designated record set.
- b. SBH-ASO will require that individuals make their request in writing. The request should address the following:
 - Identification of the specific PHI that the client wishes to access
 - The reason for their request (this is optional for the client)
 - Whether they wish to inspect or obtain copies of the PHI
 - Notification of the cost we will charge for copying and postage
 - Notification of their right to obtain a summary or explanation of their information, along with the cost of that service
- c. SBH-ASO will deny a client access to PHI, and that denial will not be subject to review, if the PHI requested is contained in:
 - Records or documents compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - The PHI is subject to the Federal Privacy Act.
 - The information was obtained under the promise of confidentiality from another person (not a healthcare provider), and the access requested would be reasonably likely to reveal the source of that information.
 - The information was created or obtained in the course of research that involves treatment when the individual agreed to the denial of access for the duration of the research (that includes treatment) when consenting to participate in the research, and the individual has been informed that access will be reinstated upon completion of the

research.

- An inmate requests a copy of PHI and it is determined that such a copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or other inmates or the safety of an officer or other person responsible for transporting the inmate. SBH-ASO will provide an inmate with the right to inspect his PHI unless other grounds for denial exist.
- d. SBH-ASO will deny access to any PHI that a licensed healthcare professional determines:
- Exercising professional judgment is reasonably likely to endanger the life or physical safety of the individual or another person.
 - Exercising professional judgment, makes reference to another person (not a health care provider), and access is reasonably likely to cause substantial harm to that other person.
 - Has been requested by a personal representative, and access by that person is reasonably likely to cause substantial harm to the individual or another person.
- e. When denying a individual access for any of these three reasons, these denials will be subject to review as described below. In addition, if access to the entire record is denied and the individual requests a review of the decision, SBH-ASO will make the entire record available to the individual's attorney, with the consent of the individual, or to a psychotherapist designated by the individual.
- f. It is SBH-ASO's policy to deny individuals access to their PHI only infrequently and in unusual circumstances and, when access is denied, it must be for one of the reasons listed above. Furthermore, SBH-ASO will provide access, to the extent possible, to any other requested PHI that is not part of the PHI to which access has been denied.
- g. When an individual has been denied access for one of the reasons that is subject to review, it will be SBH-ASO's policy to respond in writing giving the basis for denial in plain language within the time period set forth below. SBH-ASO will also inform the individual of their right to request a review of the denial of access and provide a description of how the individual may file a complaint with us or with the Secretary of DHHS.
- h. In any case where the individual requests a review, SBH-ASO will promptly refer the denial to another licensed healthcare professional, who has not been directly involved in the denial, for their review. SBH-ASO will also promptly inform the individual, in writing, if the reviewer upholds the denial. In those cases where the reviewer permits access, the individual will be informed.
- i. When SBH-ASO has agreed to grant access to PHI, the individual will be notified and arrangements made to do so within thirty (30) days from the

date of the request. Should the PHI requested be maintained off-site, SBH-ASO can take longer to respond, but no more than sixty (60) days from the date of the request. In either case, SBH-ASO can obtain a single, thirty (30) day extension of time in those rare cases where we are unable to respond in the initial time period. SBH-ASO will notify the individual of the reasons for delay and the date of completion by means of a written statement.

- j. When SBH-ASO has agreed to inspection of the designated record set, SBH-ASO will arrange a mutually agreeable time and place for the inspection.
- k. When SBH-ASO has agreed to provide copies of the requested PHI, SBH-ASO will confer with the individual and determine their preference for the media in which to receive it – paper or electronic (where available). If SBH-ASO cannot agree on how the PHI will be produced, then SBH-ASO will produce the PHI in readable hard copy.
- l. SBH-ASO will charge a fee for copying the material and for postage, if the copies are to be mailed, and the individual will be notified of that charge prior to SBH-ASO copying the material. However, if the individual is requesting the PHI for the purpose of supporting a claim or appeal under the Social Security Act or any federal or state financial need-based benefit program, SBH-ASO will furnish the PHI within thirty (30) days of the request at no charge to the individual.
- m. It will be SBH-ASO's policy to charge for the cost of making the copies (both the labor and machine and paper cost), but we will not include in our charges the cost of the retrieval and handling of information, nor will we charge for the costs of processing the request.
- n. SBH-ASO will provide summaries of PHI in those cases where the individual has requested them. SBH-ASO will charge for the costs associated with producing the summary, and the individual will be notified of that charge prior to completing the summary.
- o. In those cases where SBH-ASO receives a request for PHI that SBH-ASO does not maintain, but know where it is maintained, the individual will be informed of the location of the PHI.

3. Amendment/Correction

- a. SBH-ASO will consider all requests from individuals, or former individuals, to amend their PHI that is maintained in a designated record set for as long as it is maintained at the Region Office. SBH-ASO requires that all requests for amendment be in writing, and to include the reason for the amendment. SBH-ASO will notify our individuals of our policies for requesting amendments in our Privacy Notice.
- b. SBH-ASO will respond to requests for amendment within thirty (30) days from the date of the request. Should, in rare circumstances, SBH-ASO be

unable to respond within thirty (30) days, the individual will be notified prior to the expiration of the thirty (30) day period, in writing, and provided the reason that additional time is needed and given a date (no more than 30 days beyond the original 30 days) by which the individual can expect action on their request be completed.

- 1) In those instances where SBH-ASO grants the request for amendment, the following steps will be completed:
 - Inform the individual in writing
 - Obtain their agreement about the list of people or organizations that they, and you, believe should be informed of the amendment
 - Notify the list identified above of the amendment (Note: SBH-ASO will identify anyone who may have relied upon the subject PHI in the past, or who might reasonably be expected to rely upon it in the future and attempt to obtain agreement from the individual about their notification.)
- 2) In those instances where SBH-ASO denies the request for amendment, the following steps will be completed:
 - Provide the individual with a written denial that is in plain language and that:
 - a) Contains the basis for the denial
 - b) The notification that the individual has the right to provide a written statement disagreeing with the denial and how they might file such a statement.
 - Describe to the individual the procedure for filing a complaint either with:
 - a) DHHS or
 - b) with the person or office in our organization who is responsible for receiving complaints, including their name or title and their telephone number
 - Inform the individual that they may file a statement of disagreement with the SBH-ASO denial that does not exceed two hundred and fifty (250) words.
 - Inform the individual that they may request, should they not file a statement of disagreement, that their request for amendment and the related denial be attached to all future disclosures of the subject PHI.
- c. SBH-ASO will prepare rebuttals in those instances where a licensed healthcare professional determines that a rebuttal is necessary to add clarity to the other material created around this request for amendment.
- d. Designated Record Set

It is the SBH-ASO policy to take the following actions with respect to the designated record set in amendment situations:

- 1) When the amendment request has been granted:
 - Identify the subject PHI in the designated record set; and
 - Append the amendment to the PHI or
 - Provide a link to the location in the file of the amendment.
- 2) When the amendment request has been denied and the client requests it:
 - Identify the subject PHI in the designated record set; and
 - Append the request for amendment and the denial to the PHI or
 - Provide a link to the location in the file of the request and the denial.
- 3) When the amendment request has been denied and the client has filed a statement of disagreement and we have or have not prepared a rebuttal:
 - Identify the subject PHI in the designated record set; and
 - Append the request for amendment, the denial, the statement of disagreement, and, if prepared, our rebuttal to the PHI or
 - Provide a link to the location in the file of all of the items listed in b.

4. Accounting of Disclosures

- a. SBH-ASO will consider all requests from individuals, or former individuals, to receive an accounting of certain disclosures of their PHI that have occurred in the six (6) year period prior to their request, or from the effective date of the Privacy Rule, whichever is shorter. SBH-ASO requires that all requests for an accounting be in writing. SBH-ASO will notify individuals of policies for requesting an accounting in the SBH-ASO Privacy Notice.
- b. SBH-ASO will respond to requests for an accounting within thirty (30) days from the date of the request. Should, in rare circumstances, SBH-ASO be unable to respond within thirty (30) days, the individual will be notified, in writing during the initial thirty (30) day period, and provided with the reason(s) additional time is needed and given the date (no more than 30 days beyond the original 30 days) by which the individual can expect action on their request be completed.
- c. SBH-ASO will account for all uses and disclosures of our individuals' PHI except for those in the following categories:
 - 1) Disclosures made to the individual
 - 2) Disclosures made to carry out treatment, payment, or operations
 - 3) Disclosures made to persons involved in the client's care (relatives

- and/or friends)
- 4) Disclosures made for notification purposes to family or personal representatives
 - 5) Disclosures for national security or intelligence purposes
 - 6) Disclosure to correctional institutions or law enforcement officials when the client is an inmate
- d. In those situations where SBH-ASO has made disclosures to a health oversight or law enforcement agency as permitted and, the agency has provided SBH-ASO with a written statement that inclusion of such disclosures would be reasonably likely to impede with their activities and, the agency has provided a specific time period, our policy will be to exclude those disclosures from any accounting requested by the subject individual. At the end of that period, the SBH-ASO policy will be to include any disclosures made to the agency during that period in any future accountings.
- e. Should the health oversight or law enforcement agency provide SBH-ASO with an oral statement that a disclosure would be reasonably likely to impede their activities, the SBH-ASO policy will be to withhold disclosures for a 30-day period after which SBH-ASO will include the disclosures in requested accountings unless a written statement requesting a longer time period has been provided during the 30-day period.
- 1) The SBH-ASO policy will be to include the following items in every accounting:
 - The date of the disclosure
 - The name and address of the person or organization receiving the PHI
 - A brief description of the PHI disclosed
 - A brief statement that reasonably informs the client of the purpose for the disclosure
- f. SBH-ASO's policy with respect to multiple disclosures of a individual's PHI to the same person or entity for the same purpose will be to present all of the information listed above for the first disclosure in the accounting period. In addition, SBH-ASO will present the frequency, periodicity, or number of disclosures made during the accounting period and the date of the most recent disclosure.
- g. SBH-ASO will provide the first accounting in each twelve (12) month period, beginning with the individual's first request for an accounting, at no charge. Any additional request for accounting from the same individual during their twelve (12) month period will be made subject to the individual's agreement to pay a reasonable, cost-based fee for the additional accounting. SBH-ASO will inform the individual of the fee and obtain their written agreement to pay the fee prior to preparing the

accounting. SBH-ASO will offer the individual an opportunity to withdraw or modify their request in order to avoid or reduce the fee.

5. Restrictions

- a. SBH-ASO will consider an individual's request for restriction of the uses and disclosures that SBH-ASO makes for purposes of treatment, payment, and operations. SBH-ASO will require individuals make their request in writing. SBH-ASO will discuss with the individual the potential difficulties that are inherent in the restrictions that the individual requests.
- b. SBH-ASO will document the request and, ultimately, whether the restriction has been granted to the individual. While SBH-ASO is not required by the Privacy Rule to agree to individual-requested restrictions, SBH-ASO will grant those restrictions that SBH-ASO believes, in its judgment, to be in the best interests of individuals.
- c. SBH-ASO will abide by all of the restrictions that are granted, except as described below.
 - 1) When the individual is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, SBH-ASO policy will be to make disclosure of the PHI that is required for treatment and to send along with the PHI the requirement that there be no further uses or disclosures of the restricted PHI. In non-emergency situations, when we receive a request for PHI that is restricted but required for appropriate treatment, SBH-ASO will discuss with the individual the need to send the PHI and attempt to obtain their agreement. The individual's agreement should be documented by a note in their record.
- d. In any case where SBH-ASO believes the individual's restriction can no longer be honored, SBH-ASO will terminate the restriction. It will be SBH-ASO's policy to discuss the change of circumstance with the individual and ask for their agreement and to document that agreement in the record.
- e. Should the individual refuse to agree to the termination of the restriction, SBH-ASO will implement a unilateral termination. This will also be documented in the record. The PHI that SBH-ASO created or received during the term of the restriction will be flagged to assure that futures uses and disclosures of it are made in accordance with the restrictions in place for that period.

6. Confidential Communications

- a. SBH-ASO will consider an individual's written request for confidential communications upon request for same. SBH-ASO will document the alternative information and the approval. Documentation will be placed in the record or noted in an electronic database. SBH-ASO will grant reasonable requests. Reasonableness will be judged by the administrative

difficulty of complying with the request.

- b. SBH-ASO will not ask the individual to explain why they wish to have SBH-ASO communicate with them by alternative means or to alternative locations.
- c. SBH-ASO will not comply with the individual's request unless they have provided SBH-ASO with complete information to enable us to communicate with them, i.e., a complete address or other method of contact.
- d. SBH-ASO will provide adequate notice of the request to those employees who may need to contact the individual by flagging the record and, where possible, other databases.

7. Important Note about Part 2 Information

- a) Federal law does not prohibit the SBH-ASO or any program covered by Part 2 from giving an Individual access to PHI about the Individual.
- b) Any Part 2 Information that is being accessed should be accompanied by one (1) of the following notices:

Notice

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The federal rules restrict use of this information to initiate or substantiate any criminal charges against the individual who is the subject of the information or to conduct any criminal investigation of an individual. This restriction on use prohibits, among other things, the introduction of that information as evidence in a criminal proceeding and any other use of the information to investigate or prosecute the individual with respect to a suspected crime. This restriction applies to any person who obtains information from a federally assisted alcohol or drug abuse program.

OR

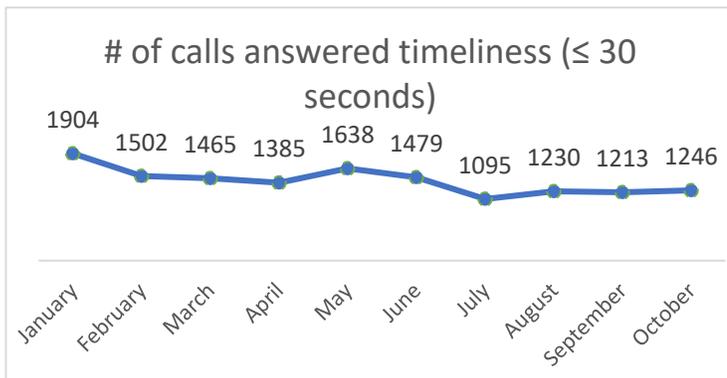
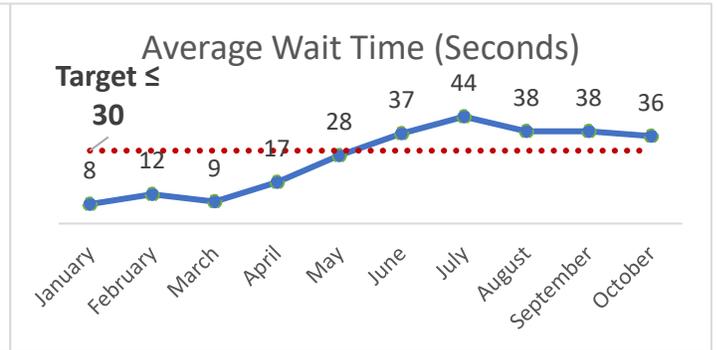
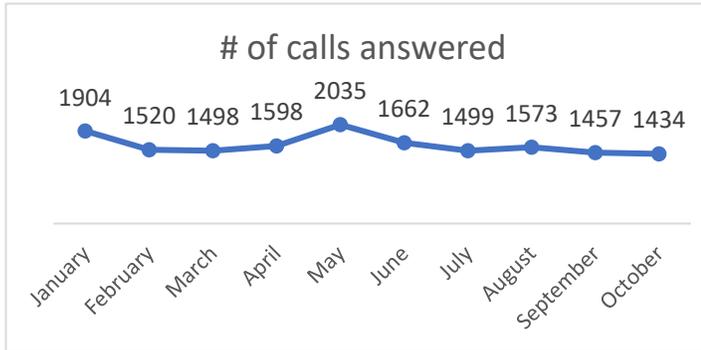
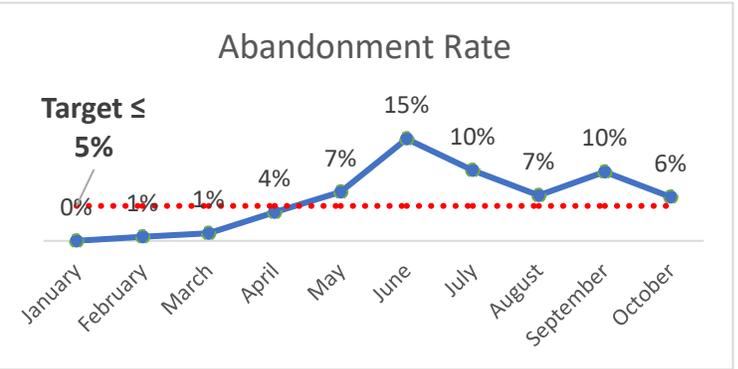
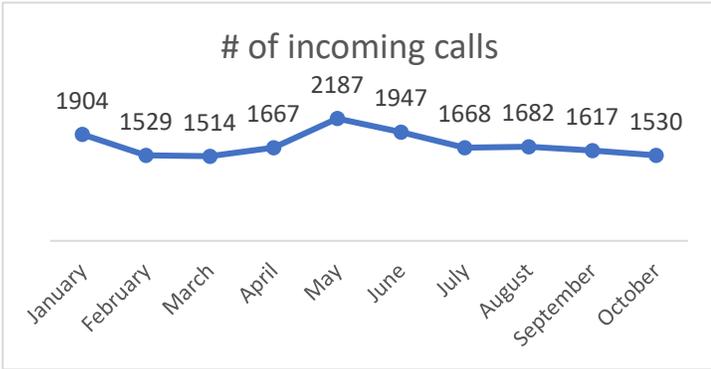
42 CFR Part 2 prohibits unauthorized disclosure of these records.

- 3) The restriction on the use of Part 2 Information to initiate or substantiate any criminal charges against an Individual or to conduct a criminal investigation of an Individual applies to any person who obtains Part 2 Information from a Part 2 Program, regardless of the status of the person or whether the Part 2 Information was obtained in compliance with Part 2. This restriction on use bars, among

other things, introduction of Part 2 Information as evidence in a criminal proceeding and any other use of the Part 2 Information to investigate or prosecute an Individual with respect to a suspected crime.



Salish BH-ASO Regional Crisis Line Call Data

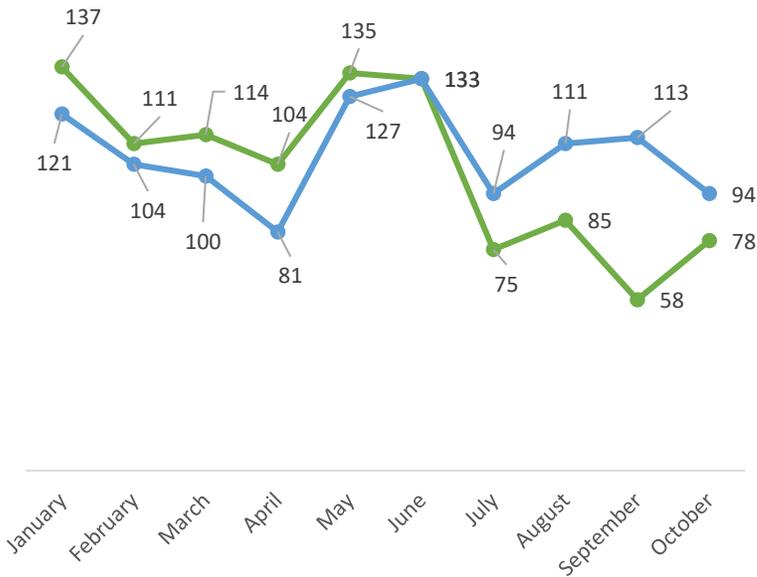




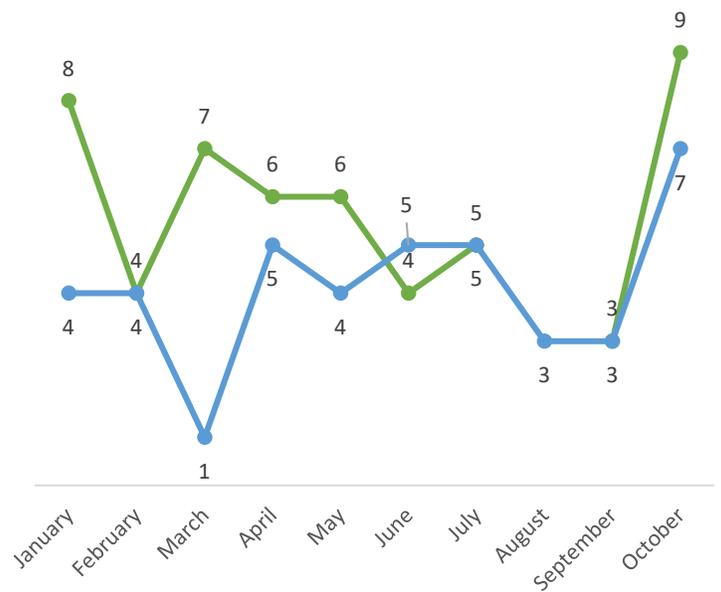
ITA Investigations

—●— Pre-IMC Baseline 2019 —●— IMC 2020

of MH ITA Investigations



of SUD ITA Investigations



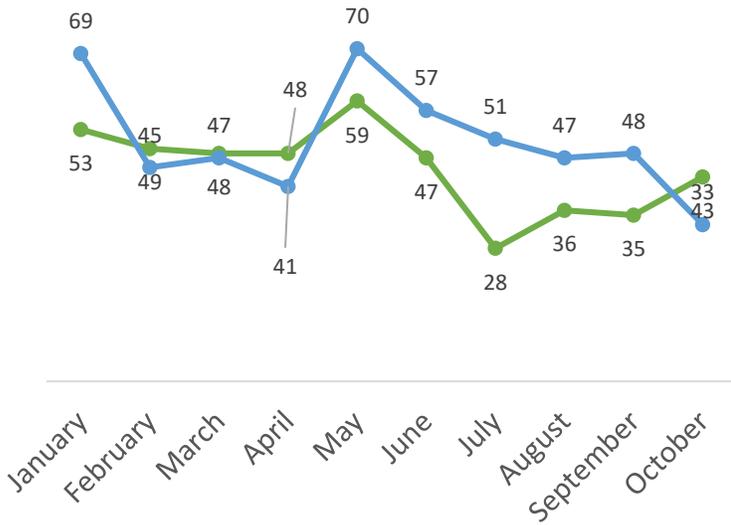
Source: BH-ASO



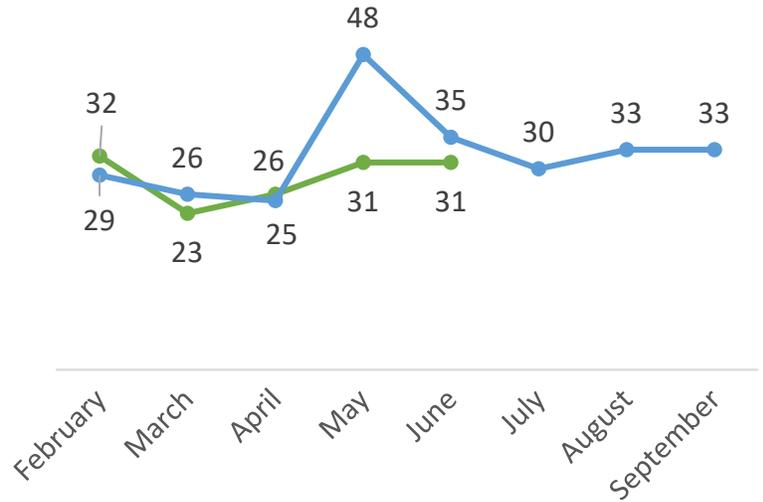
Detentions and Single Bed Certifications

—●— Pre-IMC Baseline 2019 —●— IMC 2020

of detained



Single Bed Certifications



Source: BH-ASO

SBH-ASO EXECUTIVE BOARD MEETING

Policy and Procedures with Track Changes

Supplemental Packet Attachment 6.a.1 & Attachment 6.a.3

Chapter	Chapter Number	Number	Title	Origination Date	Committee Approved	Revision Dates	Last Review/ Revision Date	Description of Updates	Next Review Date
Administration	1	AD106	Toll-Free Crisis Line Management	5/17/2019	Yes	5/2/2019 2/19/2020	10/29/2020	<u>10/29/2020 updates:</u> 1. updated language and contact information 2. Clarified differing measurement of hotline metrics between HCA and MCOs	10/29/2021
Administration	1	AD107	Indian Health Care Providers	7/1/2020	Yes	10/15/2020	10/15/2020	<u>New Policy to reflect 7/1/20 added contract terms</u>	10/15/2021
Clinical	2	CL200	Integrated Crisis Services	5/17/2019	Yes	5/30/2019 3/4/2020	10/22/2020	<u>10/22/2020 updates:</u> 1. Aligned language regarding subcontractors 2. Clarified language outlining who has access to Crisis Services 3. Added language regarding coordinating care with Indian Health Care Providers	10/22/2021

Clinical	2	CL201	Ensuring Care Coordination for Individuals	5/17/2019	Yes	7/11/2019	10/27/2020	10/27/2020 updates: 1. Removed definitions, already contained in AD100 2. Added clarification language regarding strategies to reduce unnecessary utilization and coordinating care 3. Added clarification language about crisis alerts	10/27/2021
Clinical	2	CL204	Priority Populations and Wait Lists	7/26/2019	Yes	7/26/2019	10/27/2020	10/27/2020 updates: 1. Updated Interim Services requirements 2. Added language regarding screening and waitlists	10/27/2021
Consumer Affairs	4	CA402	Grievance System	7/16/2019	Yes	7/16/2019	8/28/2020	8/28/2020 updates: 1. Updated definitions 2. Removed language referring to Medicaid grievances 3. Added language to align with current BH-ASO contract regarding notificaiton	8/28/2021

Consumer Affairs	4	CA403	Individual Rights	8/29/2019	Yes	8/29/2019	9/25/2020	9/25/2020 updates: 1. Removed definitions already contained in AD 101 2. Clarified Policy statement 3. Added language for individual rights regarding involuntary treatment 4. Clarified subcontractor responsibilities for disseminating rights	9/25/2021
Consumer Affairs	4	CA403A	SBH-ASO Individual Rights Statement	8/29/2019	Yes	8/29/2019	9/25/2020	9/25/20 updates: 1. Added rights for individuals subject to the Involuntary Treatment Act	9/25/2021
Information Systems	6	IS602	Data Integrity	5/17/2019	Yes	4/8/2019	10/15/2020	10/15/20 updates: 1. Updated vocabulary to match MCO and HCA terminology. 2. Added language to indicate that SBH-ASO can only perform certain functions if HCA and/or MCOs uphold their own data requirements	10/15/2021
Information Systems	6	IS603	Data Submission Processes	5/17/2019	Yes	4/10/2019	10/15/2020	10/15/20 updates: 1. Added new 7/1/20 HCA contract terms for Encounter Data. 2. Updated vocabulary to match MCO and HCA terminology.	10/15/2021

Information Systems	6	IS604	Disaster Recovery and Business Continuity	5/17/2019	Yes	4/8/2019	10/15/2020	10/15/20 updates: 1. Added language from HCA contract section 25.1.1 2. Added language to clarify role of Salish IS staff versus Kitsap County IS Staff	10/15/2021
Utilization Management	8	UM805	Crisis Stabilization in Crisis Stabilization or Triage Facility	8/1/2019	Yes	7/30/2019 3/12/2020	10/29/2020	10/29/2020 updates: 1. Removed 14 day stay limitation language 2. Clarified eligibility requirements 3. Added exclusionary criteria 4. Clarified authorization language to align with other UM Policies 5. Added language regarding discharge criteria	10/29/2021
Privacy & Security	9	PS906	Breach Notification Requirements	1/1/2020	Yes		10/15/2020	Created policy.	10/15/2021
Privacy & Security	9	PS907	Individual Protected Health Information Rights	1/1/2020			11/6/2020	Created policy.	11/6/2021



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: TOLL-FREE CRISIS LINE MANAGEMENT **Policy Number:** AD106

Effective Date: 01/01/2020

Revision Dates: 09/11/2020 10/09/2020

Reviewed Date: 05/02/2019

Executive Board Approval Dates: 05/17/2019; 11/1/2019

PURPOSE

To outline the scope of services for the Toll-Free Crisis Line and to provide the Salish Behavioral Health Administrative Service Organization's (SBH-ASO) scope of oversight responsibilities and quality improvement (QI) activities to ensure adherence to requirements for Toll-Free Crisis Line services.

POLICY

- A. SBH-ASO is responsible for managing crisis services within its network area, including a Toll-Free Crisis Line that is separate and distinct from the SBH-ASO toll-free Customer Service line.
- B. The Toll-Free Crisis Line is available 24 hours a day, seven days a week, 365 days a year, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
- C. SBH-ASO ~~will contract~~contracts with a delegated entity to fulfill this crisis line requirement. SBH-ASO and the delegated entity ~~shall~~ have a delegation agreement that is mutually agreed upon. SBH-ASO ~~shall~~ provide s oversight of the delegated activities.
- ~~D.~~ D. SBH-ASO requires that the following standards be met ~~in accordance with contract requirements including:~~
 - a. In accordance with HCA-BHASO Contract, t~~elephones are answered by a live voice within 30 seconds for 905% of All c~~alls, must be answered by a live voice within 30 seconds,
 - i. If there is no automated system, the 30 second measurement begins with the first ring

entity staff illness or staff loss.

- h. Telephone crisis services are provided in accordance with WAC 246-341-0900 and 246-341-0905 and contract requirements.
- i. Assure communication and coordination with the individual's mental health care provider, if ~~identified~~indicated and appropriate.
- j. Post a copy of the statement of individual rights in a location visible to staff and agency volunteers.

2. Delegated activities: Roles and Responsibilities

a. Responsibilities of the ASO:

- i. SBH-ASO shall provide oversight of the delegated activities and shall review reports from the delegated entity regarding SBH-ASO crisis calls answered by a live person within 30 seconds and ~~53%~~ abandonment rates, no less than monthly.
- ii. SBH-ASO shall enforce the contract requirements with the delegated entity.
- iii. SBH-ASO shall set performance goals and monitor the delegated entity's progress towards meeting those goals.
- iv. SBH-ASO shall evaluate at least annually the delegated entity's performance against contract standards to include an audit of phone calls, policies and procedures, reports, and written protocols.-

~~iv-v.~~ SBH-ASO provides information regarding the SRCL on its website.

b. Responsibilities of the delegated entity:

- i. The delegated entity shall answer the ~~SRCL~~SBH-ASO crisis line phones and transfer those calls to the appropriate county crisis team;
- ii. The delegated entity shall meet the Contract Standards outlined in Policy D above.
- iii. The delegated entity shall provide regular reports to SBH-ASO, not less than monthly to the ~~Quality Manager~~Deputy Administrator/Clinical Director, showing the SBH-ASO call abandonment rate by month and the average time to answer the ~~SBH-ASO crisis line~~SRCL with a live voice.

- iv. The delegated entity shall work with SBH-ASO on improving performance on crisis line SRCL measurable metrics,
- v. The delegated entity shall adhere to the delegation agreement with SBH-ASO.
- vi. The delegated entity shall submit documentation to notify the SBH-ASO by 10am each calendar day of all crisis contacts resolved by 83am that day. The SBH-ASO shall notify the MCO within one (1) business day when and MCO Enrollee interacts with the crisis system.

3. Oversight of the delegated activities

a. Reports shall be received by the SBH-ASO Deputy Administrator/Clinical Director Quality Manager by the 15th day from close of the reporting month. The reports from the delegated entity shall include (at a minimum) the following content by month/year:

- i. Number of calls received,
- ii. Number of calls answered within 30 seconds,
- iii. Percentage of calls answered within 30 seconds as defined above,
- iv. Number of calls abandoned,
- v. Percentage of calls abandoned as defined above,
- vi. Average wait time,

a.vii. Average length of call

- i. ~~Total number of calls to the crisis center 800 number,~~
- ii. ~~Total number of calls answered,~~
- iii. ~~Number of calls answered with a live voice within 30 seconds,~~
- iv. ~~Percentage of calls answered with a live voice within 30 seconds by the delegated entity,~~
- v. ~~Average speed of answering the crisis phone,~~
- vi. ~~Abandonment rate of crisis calls.~~

b. The SBH-ASO Leadership Team Quality Manager and Administrator and Internal Quality Committee (IQC) will review reports monthly.

~~b.c. The reports will be reviewed monthly by the Internal Quality Committee. The IQC shall review the reports and ensure that the contract standards outlined in Policy D above are met.~~

~~e.d. The reports will be reviewed quarterly by the Quality Assurance and Compliance Committee (QACC).~~

~~d. SBH-ASO shall review the reports and ensure that the contract standards outlined in Policy D above are met.~~

e. If the delegated entity does not meet the standards, overall, or in any month in the report, then a corrective action plan shall be submitted to may be

required by SBH-ASO, ~~by the delegated entity~~ indicating what steps will be taken by delegated entity to help improve that performance measure and meet the standard required.

- f. If the delegated entity is not able to improve the performance measure, then SBH-ASO may take additional actions as indicated in contract up to and including termination of the delegation agreement with the delegated entity.
 - g. SBH-ASO shall review the delegated entity for phone call review and policies and procedures annually to ensure that contractual requirements, and WACs/RCWs are being met.
4. Commitment to improvement
- a. SBH-ASO shall look for opportunities for improvement in ~~crisis line~~ SRCL ~~measurables~~ metrics as a part of its commitment to continuous improvement.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIAN HEALTH PROVIDERS

Policy Number:
AD107

Effective Date: 07/01/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

POLICY

SBH-ASO assures that Indian Health Care Providers (IHCP) enrolled with the HCA to provide a service to an SBH-ASO Individual shall receive payment, within available resources, regardless of the IHCP's decision to contract with SBH-ASO.

SBH-ASO will negotiate contracts in good faith with any HCA enrolled IHCP who submits a written request to SBH-ASO to contract.

PROCEDURE

1. For the purposes of payment and coordination of care, SBH-ASO coordinates with all IHCPs enrolled with the HCA who provide a service to an Individual under this Contract, regardless of the IHCP's decision to subcontract with SBH-ASO.
2. SBH-ASO responds, in good faith, to all written requests to contract submitted by IHCPs.
3. SBH-ASO negotiates contracts with requesting IHCPs for services provided to SBH-ASO Individuals, including tribal care coordination or related services. This includes SBH-ASO offering contract terms comparable to terms that it offers to similarly-situation non-IHCPs.
 - a. Subcontracts shall reference the IHCP's ability to submit complaints to the HCA for resolution and for the HCA to facilitate resolution directly with SBH-ASO.
 - b. Subcontracts must be consistent with the laws and regulations that are applicable to the IHCP.
4. In the event that SBH-ASO and an IHCP fail to reach an agreement on a subcontract within ninety (90) calendar days from the date of the IHCP's written

request, the IHCP may request HCA assistance in facilitating resolution. The SBH-ASO Administrator shall attend this meeting in person and is permitted to have legal counsel present.

5. SBH-ASO includes reference, in any contract between the Contractor and the IHCP, to the Protocols for Coordination with Tribes and non-Tribal IHCPs applicable to SBH-ASO's Regional Service Area.
6. SBH-ASO shall provide verification, upon request from the State, of compliance with this Policy.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INTEGRATED CRISIS SYSTEM

Policy Number: CL200

Effective Date: 1/1/2020

Revision Dates: 3/4/2020; 10/22/2020

Reviewed Date: 5/2/2019

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

PURPOSE

To provide Salish Behavioral Health Administrative Services Organization (SBH-ASO) with clearly defined standards for the provision of crisis services; the oversight of crisis services; and the expected outcomes for provision of crisis care.

POLICY

Integrated Crisis System (ICS) includes a broad network of triage and referral services that are intended to stabilize the Individual in crisis while utilizing the least restrictive community settings possible. Crisis services include both voluntary and involuntary services and address all relevant behavioral health and substance abuse situations.

PROCEDURE

1) Within the SBH-ASO region, the following services are available to all individuals in the SBH-ASO's Service Area, regardless of ability to pay:

a) Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs, dispatch mobile crisis, or connect the individual to services.

i) For individuals enrolled with an MCO, assist in connecting the individual with current or prior service providers.

ii) Crisis Services may be provided without authorization and prior to completion of an Intake Evaluation.

iii) Services shall be provided by or under the supervision of a Mental Health Professional.

b)iv) SBH-ASO will crisis subcontractors provide twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, crisis mental health services to Individuals who are within the SBH-ASO's Service Area and report they are experiencing a crisis. There will be Crisis

Subcontractors provide sufficient staff available, including a DCR, to respond to requests for Crisis Services.

e)b) Behavioral Health Involuntary Treatment Services include investigation and evaluation activities, management of court case finding, and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment.

e)c) SBH-ASO provides reimbursement to county courts for cost associated with ITA.

e)d) SBH-ASO provides for evaluation and treatment services as ordered by the court for individuals who are not eligible for Medicaid.

2) SBH-ASO provides the following services to Individuals who meet eligibility requirements but who do not qualify for Medicaid, when medically necessary, and ~~based on~~ within Available Resources:

a) Crisis Stabilization Services include short-term face-to-face assistance with life skills training and understanding of medication effects and follow up services. Services are provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual experiencing a behavioral health crisis.

b) SUD Crisis Services including short term stabilization, a general assessment of the individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved facility for intoxicated or incapacitated individuals on the streets or in other public places. Services may be provided by telephone, in person, in a facility, or in the field. Services may or may not lead to ongoing treatment.

c) Secure Withdrawal Management and Stabilization Services provided in a facility licensed by DOH to provide evaluation and treatment services to Individuals detained by the DCR for SUD ITA. Appropriate care for Individuals with a history of SUD who have been found to meet criteria for involuntary treatment includes: evaluation and assessment, provided by an SUDP; acute or subacute withdrawal management services; SUD treatment; and discharge assistance provided by SUDPs, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to LRA as appropriate for the Individual in accordance with WAC 246-341-1104. This is an involuntary treatment which does not require authorization.

d) Peer-to-Peer Warm Line Services are available to callers with routine concerns who could benefit from or who request to speak to a peer for support and help de-escalating emerging crises. Warm line staff may be peer volunteers who

provide emotional support, comfort, and information to callers living with a mental illness.

Crisis System General Requirements

SBH-ASO ~~shall develop and maintain~~s a regional behavioral health crisis system through its Crisis Provider Network who ~~will provide~~s services that meet the following requirements:

1. Crisis Services will be available to all Individuals who present with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the Individual's health or safety a need for Crisis Services in the SBH-ASO's Service Area.
- ~~2.~~ 2. Crisis Services shall be provided in accordance with current HCA-BHASO contract and regulatory guidelines. Chapters 71.05 RCW and 71.34 RCW.
- ~~3.2.~~ ITA services shall be provided in accordance with the SBH-ASO Involuntary Treatment Act Services Policy. Requirements include payment for all services ordered by the court for Individuals ineligible for Medicaid, and costs related to court processes and Transportation. Crisis services become ITA services when a DCR determines an Individual must be evaluated for involuntary treatment. ITA services continue until the end of the Involuntary Commitment and may be outpatient or inpatient.

Crisis Services shall be delivered as follows:

- A. Stabilize Individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for Crisis Services. Stabilization Services will be provided in accordance with current HCA-BHASO contract and regulatory guidelines ~~WAC 246-341-0915.~~
- B. Provide solution-focused, person-centered, and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization, or out of home placement.
- C. Coordinate closely with the regional MCOs, community court system, First Responders, criminal justice system, inpatient/residential service providers, Tribal entities, governments and Indian Health Care Providers (IHCP), 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 and inclusive of processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
- D. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.

- E. Develop and implement strategies to assess and improve the crisis system over time.

Crisis System Staffing Requirements

The SBH-ASO and its Crisis ~~Provider Network subcontractors shall~~ comply with staffing requirements in accordance with ~~current HCA-BHASO contract and regulatory guidelines Chapter 246-341 WAC~~. Each staff member working with an Individual receiving crisis services must:

1. Be supervised by a Mental Health Professional or licensed by DOH.
2. Receive annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.
3. Have the ability to consult with one of the following (who has at least one (1) year of experience in the direct treatment of Individuals who have a mental or emotional disorder):
 - A psychiatrist;
 - A physician;
 - Physician assistant; or
 - An ARNP who has prescriptive authority.
4. SBH-ASO ~~Providers crisis subcontractors shall~~ comply with DCR qualification requirements in accordance with ~~current HCA-BHASO contract and regulatory guidelines Chapters 71.05 and 71.34 RCW~~ and shall incorporate the statewide DCR Protocols, listed on the HCA website, into the practice of their DCRs.
5. SBH-ASO ~~Providers crisis subcontractors shall~~ have clinicians available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, who have expertise in Behavioral Health issues pertaining to children and families.
6. SBH-ASO ~~Providers crisis subcontractors shall~~ make available at least one (1) ~~Certified~~ SUDP with experience conducting Behavioral Health crisis support for consultation by phone or on site during regular Business Hours.
7. SBH-ASO ~~Providers crisis subcontractors shall~~ make available at least one (1) Certified Peer Counselor with experience conducting behavioral health crisis support for consultation by phone or on site during regular Business Hours.
8. SBH-ASO ~~Providers crisis subcontractors shall~~ establish policies and procedures for ITA —services in accordance with SBH-ASO Involuntary Treatment Act Services Policy.

9. SBH-ASO ~~Providers-crisis subcontractors shall~~ have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility twenty-four hours a day, seven days a week including DCR contact protocol.

Crisis System Operational Requirements

Crisis Services shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.

1. Mobile crisis outreach shall respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
- ~~2.~~ 2. Salish Regional Crisis Line is a toll-free line that is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
3. The Salish Regional Crisis Line shall be a separate number from SBH-ASO's customer service line.
4. Individuals shall have access to crisis services without full completion of Intake Evaluations and/or other screening and assessment processes.
5. Telephone crisis support services will be provided in accordance with WAC 246-341-0905 and crisis outreach services will be provided in accordance with WAC 246-341-0910.
6. SBH-ASO maintains registration processes for non-Medicaid Individuals utilizing crisis services to maintain demographic and clinical information and establish a medical record/tracking system to manage their crisis care, referrals, and utilization.
 - a. For crisis services provided in the SBH-ASO Regional Service Area (RSA), all Providers will conduct eligibility verification for Individuals who are receiving services or who want to receive services to determine financial eligibility. Refer to the SBH-ASO Eligibility Verification Policy.
 - b. All contracted crisis providers, including the toll-free crisis line provider, are required to submit a daily SBH-ASO Crisis Log to the SBH-ASO.
 - c. All information collected is compiled into a database in order to monitor utilization at both an individual as well as a systems level.
7. SBH-ASO Care Managers and Crisis- ~~Providers-subcontractors~~ provide information about and referral to other available services and resources for

individuals who do not meet criteria for Medicaid or GFS/FBG services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous).

~~7.~~

8. Crisis ~~Providers-subcontractors~~ document calls, services, and outcomes on the ~~daily~~SBH-ASO Crisis Log as well as agency ~~EHRs~~medical record systems. SBH-ASO and the SBH-ASO Crisis- ~~Providers-subcontractors~~ shall comply with record content and documentation requirements in accordance with WAC 246-341-0900 through WAC 246-341-0920.
9. SBH-ASO Crisis ~~Providers-subcontractors~~ shall notify the SBH-ASO by 10am each calendar day of all crisis contacts resolved by 3am that day. The SBH-ASO shall notify the MCO within one (1) business day when an MCO Enrollee interacts with the crisis system.
10. SBH-ASO shall coordinate with the MCO/ASO of record for an Individual upon becoming aware of a change in eligibility status, when we determine that the Individual has Medicaid coverage or loses Medicaid coverage, or moves between the SBH-ASO region and another region.

Integrated Crisis System:

Crisis services ~~should~~ reflect the following:

1. Services will include providing crisis telephone screening as defined in WAC 246-341-0910.
2. Crisis peer support services ~~shall~~ are be provided in accordance with WAC 246-341-0920.
3. Crisis outreach staff shall work collaboratively with mental health and substance use disorder treatment services/programs, serving adults and children in a developmentally and culturally competent manner, ensuring that developmentally and culturally appropriate service/specialists are contacted at all critical junctures.
4. Crisis Workers will utilize an existing crisis plan as available.
 - a. SBH-ASO utilizes Crisis alerts to support crisis planning and the delivery of individualized crisis services. -Crisis alert forms are available on the SBH-ASO website-. This information is shared with the Salish Regional Crisis Line via the SBH-ASO portal.
5. When there is a question of safety, outreach services shall be provided in coordination with law enforcement or other mental health support.

6. Information regarding the Salish Regional Crisis Line number is available 24 hours a day, 7 days a week, 365 days a year [via the SBH-ASO website and SBH-ASO subcontractors](#).
7. Crisis services are provided in the Individual's language of choice, free of charge. Providers have access to interpreter services and TTY/TDD equipment.
8. Crisis services are available to all persons needing mental health and substance use disorder crisis services regardless of their ability to pay, insurance status, age, sex, minority status, status with the SBH-ASO, allied system of care relationship, or place of residency.
9. Individuals experiencing a psychiatric or substance use disorder crisis are stabilized in the most appropriate, least restrictive setting.
10. Crisis services are inclusive of natural supports (i.e. family, friends co-workers, etc.) of individuals experiencing a crisis. This includes obtaining collateral information from natural supports when available and appropriate.
 - i. Crisis services build upon existing systems of crisis provision, reflect innovation, and strive for best practices (quality of care). This includes applying aspects of the Practice Guidelines adopted by SBH-ASO.
11. A "no decline" policy will be enforced for both Designated Crisis Responders and Crisis Outreach Workers.

Note: "No decline" means that when a Designated Crisis Responder or Crisis Outreach Worker is requested by persons identified in Mobile Crisis Outreach (see Mobile Outreach Services 4, below), they may not refuse to provide crisis services regardless of the person's age, culture, or ability to pay.

Mobile Outreach Services:

1. Face-to-face services are provided by crisis outreach when telephone intervention is unsuccessful in stabilizing the individual.
2. Mobile crisis outreach will respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
3. When clinically indicated or when the service recipient has no means to get to a clinic or emergency room, the crisis response staff will take services directly to the individual in crisis, stabilizing and supporting the person until the crisis is resolved or an appropriate referral is made.
4. SBH-ASO [Crisis subcontractors](#) ~~Providers shall~~ have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.

5. SBH-ASO ~~Providers shall~~Crisis subcontractors establish policies and procedures for crisis and ITA services that implement the following requirements:
 - a. No DCR or crisis worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's ITA, unless a second trained individual accompanies them.
 - b. The clinical team supervisor, on-call supervisor, or the individual professional shall determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - c. The second individual who responds may be a First Responder, a Mental Health Professional, a Substance Use Disorder Professional, or a mental health provider who has received training required in RCW 49.19.030.
 - d. No retaliation shall be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - e. The ~~Contractor-Crisis subcontractors shall~~ have a written plan to provide training, mental health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit shall have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response, as available.
 - g. SBH-ASO ~~Providers-Crisis subcontractors shall~~will provide a wireless telephone or comparable device to every DCR or crisis worker, who participates in home visits to provide Crisis Services.
6. Face to face evaluation and/or other interventions shall be required when requested by:
 - a. SBH-ASO -Staff
 - b. Law Enforcement
 - c. Designated Crisis Responder
 - d. Hospital Emergency Staff
 - e. Mental Health Outpatient Providers
 - f. Substance Use Disorder Treatment Services Providers
 - g. Detox Staff
 - h. Residential Providers
 - i. School Teachers/Counselors
 - j. Providers of Inpatient Psychiatric Services

- k. Hospital Staff
- l. Primary Care Physicians

Care Coordination Post Crisis

Once the crisis is stabilized, SBH-ASO and its providers will ensure a consistent and appropriate follow-up process for the individual. The SBH-ASO crisis delivery system works with all allied systems of care, to ensure the ~~SBH-ASO community and~~ crisis recipients are kept safe and maintained in the least restrictive environment possible. Crisis services also work with local law enforcement, Tribal and non-tribal IHCPs, community mental health programs, SUD treatment providers, hospitals, shelters, and homeless services.

Ancillary Requirements of the SBH-ASO Crisis System

1. Crisis services to Tribal members (AI/AN) will be provided in accordance with Tribal Crisis Agreements and the current HCA-ASO contract.
2. All SBH-ASO ~~providers~~ Crisis subcontractors of crisis services shall use an appropriate method, such as their electronic health record, to record the fact of contact with each person, where, when and which crisis services they received, care coordination provided and their demographic and clinical information.
3. All SBH-ASO ~~providers of crisis services~~ Crisis subcontractors shall provide evidence of and demonstrate an ability to transmit that data to SBH-ASO, per contract terms, to meet all data requirements of timely and complete reporting of such services and Individual patient information.
3. 4. Monitoring of the SBH-ASO Integrated Crisis System is under the purview of the Quality Assurance and Compliance Committee (QACC).



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: ENSURING CARE COORDINATION FOR INDIVIDUALS **Policy Number:** CL201

Effective Date: 01/01/2020

Revision Dates: 10/27/2020

Reviewed Date: 04/16/2019

Executive Board Approval Dates: 05/17/2019; 11/1/2019

PURPOSE

To establish standards to ensure the provision of Care Coordination to individuals, including those utilizing excessive or unnecessary Crisis Services.

DEFINITIONS

External entities—entities outside of SBH-ASO to include (but not limited to): BHOs, other BH-ASOs, Family Youth System Partner Roundtable (FYSPRT), Apple Health Managed Care Organizations, Tribal entities, Community Health Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHC), the Criminal Justice System (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system), Ombuds, Tribal Entities, Department of Social and Health Services (DSHS), State and Federal agencies and local partners that manage access to housing, education systems, Accountable Community of Health, and first responders.

High Risk Individual—an individual who meets one of the following criteria:

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

Transition Age Youth (TAY)—an individual between the ages of 15 and 25 years who present unique service challenges because they are too old for pediatric services but are often not ready or eligible for adult services.

POLICY

SBH-ASO To ensures the provision of Care Coordination to individuals who come in contact with the crisis system or other SBHASO funded services within the Salish regional service area.

PROCEDURE

SBH-ASO ~~shall~~ promotes coordination, continuity, and quality of care that address the following:

1. Strategies to reduce unnecessary crisis system utilization through review of crisis logs to identify Individuals accessing excessive crisis services.
2. Care transitions and sharing of information among jails, prisons, hospitals, residential treatment centers, detoxification and sobering centers, homeless shelters and service providers for Individuals with complex behavioral health and medical needs. SBH-ASO participates in meeting across the region to maintain connection to the community, provide information and support, and assist in identifying Individuals requiring additional resources.
3. Continuity of Care for Individuals in an active course of treatment for an acute or chronic behavioral health condition, including preserving Individual-provider relationships through transitions. SBH-ASO Care Managers provide care coordination for individuals accessing SBH-ASO funded services.
4. Use of GFS/FBG funds to care for Individuals in alternative settings such as homeless shelters, permanent supported housing, nursing homes, or group homes.
 - a. SBH-ASO will participate in and/or convene community meetings to address serving individuals with additional needs as listed above. SBH-ASO participates in meetings across the region to maintain connection to the community, provide information and support, and assist in identifying Individuals requiring additional resources.
5. SBH-ASO ~~Providers/subcontractors shall~~ screen individuals and assist in Medicaid ~~enrollment on~~ enrollment on site or by referral as appropriate.

SBH-ASO ~~will~~ collaborates with external entities to address barriers to high-risk non-Medicaid individuals accessing non-crisis behavioral health services. For Medicaid enrollees, SBH-ASO shall collaborate with MCOs to develop and implement strategies to coordinate care with community behavioral health providers for individuals with a history of frequent crisis system utilization.

- A. Individuals identified in SBH-ASO ~~Policy CL204~~ Priority Populations and Waiting Lists Policy are provided clinically relevant and coordinated care.

- a. These individuals are identified at multiple points during clinical contact, including but not limited to ~~at~~ intake/assessment, authorization/notification requests, and assessment for discharge readiness, ~~and via PRISM scores.~~

~~b.B.~~ Individuals also include those referred by community entities such as law enforcement, emergency department, or first responders.

~~B.C.~~ SBH-ASO and its ~~Provider Agencies~~ subcontractors work to address barriers to appropriate and coordinated care remedy issues concerning service inconsistency, if if such issues surface. Such barriers may be identified through SBH-ASO customer service, care coordination, and community engagement.

~~C.~~ ~~SBH-ASO UM program incorporates this information into their assessment of under or over utilization of resources.~~

~~D.~~ SBH-ASO ~~shall~~ collaborates with MCOs to develop and implement strategies to coordinate care with community behavioral health providers for individuals with a history of frequent crisis system utilization.

a. SBH-ASO maintains an updated list of MCO contacts for this purpose.

~~D.E.~~ Coordination of care strategies ~~will~~ seek to reduce unnecessary utilization of crisis services by promoting relapse/crisis prevention planning and early intervention and outreach that addresses the development and incorporation of recovery-based interventions and mental health advance directives in treatment planning consistent with requirements of contracts.

a. These collaborative efforts include but are not limited to:

i. ~~Scheduling routine~~ Care Coordination meetings as needed.

~~ii. Keeping a list of MCO contacts which is updated at regular intervals.~~

~~iii.ii.~~ Coordination on a case by case basis.

SBH-ASO ~~shall~~ coordinates with External Entities including but not limited to:

- A. BH-ASOs for transfers between regions;
- B. Family Youth System Partner Roundtable (FYSPRT);
- C. Apple Health Managed Care Organizations to facilitate enrollment of Individuals who are eligible for Medicaid;
- D. Tribal entities regarding tribal members who access the crisis system;
- E. Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);

- F. The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
- G. DSHS and other state agencies;
- H. State and federal agencies and local partners that manage access to housing;
- I. Education systems, to assist in planning for local school district threat assessment process;
- J. Accountable Community of Health; and
- K. First Responders.

PROCEDURE

Care Coordination and Continuity of Care: Children and Youth in the Behavioral Health System

The SBH-ASO shall collaborate with child/TAY serving systems, as follows:

- A. Convene the regional CLIP Committee ~~unless an alternative organization is approved by HCA using the guidelines provided by HCA.~~
- B. If requested by a WISE provider, CLIP facility or other program in the behavioral health system served by the SBH-ASO.
- C. Refer potentially CLIP-eligible children to the CLIP Administration.
- D. Facilitation of Family Youth System Partnership Roundtable (FYSPRT)
- G.E. Participation in Regional WISE Managers Meetings.

Care Coordination for Individuals

- 1. SBH-ASO ~~subcontractors ensure contract directs Provider Agencies to ensure~~ coordination of service to ~~an~~ individuals with higher or more complex needs.
 - 2. ~~SBH-ASO toll-free~~ Salish Regional Crisis Line will assist in identifying individuals who would benefit from additional coordination or for whom non-crisis services may be more appropriate.
- Providers Eengage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the

Individual's stability. These plans are made available to the Salish Regional Crisis Line through the Crisis Alert platform and may be accessed by crisis staff as needed.

3. ~~z~~
4. SBH-ASO has the capacity to receive a Care Coordination referral by from any internal or external entity.
5. Upon receipt of a Care Coordination referral, SBH-ASO Care Managers will contact the Individual and Provider Agency, in coordination with any appropriate internal and external entities. Service-related decisions will be based on individual clinical presentation, ~~and~~ risk, and within available resources.
6. SBH-ASO Utilization Management program ~~will~~ monitors for over and underutilization trends for individuals.

SBH-ASO Care Managers ~~shall~~ coordinate the transfer of Individual information, including initial assessments, care plans, and mental health advanced directives with other BH-ASOs and MCOs as needed when an Individual moves between regions or gains or loses Medicaid eligibility, to reduce duplication of services and unnecessary delays in service provision, within all applicable privacy regulations.

1. SBH-ASO ~~contract directs Provider Agencies subcontractors to ensure assist with~~ coordination of service to an individual including collection of releases of information for formal information and/or document sharing.
 - a. Adherence to this requirement will be reviewed as per the SBH-ASO Policy Provider Network Selection, Retention, Management, and Monitoring.
2. SBH-ASO will assist with coordinating care when barriers arise. Providers Subcontractors or outside entities may contact SBH-ASO Care Managers to assist.
 - a. SBH-ASO Care Managers will contact all necessary entities/parties to ensure transfer of information occurs in a timely manner, within appropriate privacy regulations.
3. The transfer of this information can either be conducted via written or oral communication.

Disaster Response:

SBH-ASO shall participate in disaster preparedness activities and respond to emergency/disaster events (e.g., natural disasters, acts of terrorism) when requested by HCA, county, or local public health jurisdiction. The SBH-ASO shall attend state-sponsored training and participate in emergency/disaster preparedness planning when requested by HCA, the county or local public health jurisdiction in the region and provide Disaster Outreach and post-Disaster Outreach in the event of a disaster/emergency.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: PRIORITY POPULATIONS AND WAITING LISTS **Policy Number:** CL204

Effective Date: 1/1/2020

Revision Dates: 5/11/2020; [10/27/2020](#)

Reviewed Date: 7/26/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To specify how SBH-ASO services are administered and prioritized for Substance Abuse Block Grant (SABG), [Mental Health Block Grant \(MHBG\)](#), and General Fund State (GFS) priority populations.

POLICY

SBH-ASO and ~~its SBH-ASO Providers subcontractors~~ shall comply with contract requirements around SABG, [MHBG](#), and GFS priority populations and waiting lists to determine which members are given prioritized access to SBH-ASO funded services.

PROCEDURE

1. SABG services shall be provided in the following priority order to:
 - a. Pregnant individuals injecting drugs,
 - b. Pregnant individuals with substance use disorder,
 - c. Women with dependent children
 - d. Individuals injecting drugs.
2. SBH-ASO ~~providers subcontractors~~ shall ~~give provide~~ SABG services, within available resources, in no particular order to the following additional [priority](#) populations:
 - a. Postpartum women up to one (1) year, regardless of pregnancy outcome,
 - b. Patients transitioning from residential care to outpatient care,

- c. Youth,
 - d. Legal Offenders
3. Access to SABG Services are provided within available resources and services are not denied to any eligible Individuals regardless of:
- a. Individuals drug(s) of choice
 - b. The fact that an Individual is taking FDA approved medically-prescribed medications
 - The fact that an individual is using over-the-counter nicotine cessation medication or actively participating in a nicotine replacement therapy regimen.

c.

4. The Contractor shall SBH-ASO subcontractors, as required by the SABG Block Grant, ensure Interim Services are provided for Pregnant and Post-partum Women and Individuals Using Intravenous Drugs (IUID).

a. Interim Services shall be made available within forty-eight (48) hours of seeking treatment. The Contractor shall document the provision of Interim Services. Interim Services shall include, at a minimum:

i. Counseling on the effects of alcohol and drug use on the fetus for pregnant women.

ii. Referral for prenatal care.

iii. Human immunodeficiency virus (HIV) and tuberculosis (TB) education.

b. TB treatment services if necessary IUID.

c. Admission to treatment services for the intravenous drug user shall be provided within fourteen (14) calendar days after the Individual makes the request, regardless of funding source. If there is no treatment capacity within fourteen (14) calendar days of the initial Individual request, offer or refer the Individual to Interim Services within forty-eight (48) hours of the initial request for treatment services.

5. —If SUD treatment services are not available due to limitations in a Provider's subcontractor's capacity the Individual is referred to another Provider.

6. 7. SBH-ASO requires all providers subcontractors to screen for SABG priority populations and maintain appropriate wait lists. SBH-ASO includes SABG

priority population and waiting list criteria on the authorization request form that ~~Providers~~subcontractors complete and submit. SBH-ASO maintains a waitlist and coordination of interim services with ~~Providers~~subcontractors as needed.

7. SBH-ASO ~~providers-subcontractors shall~~ provide non-crisis behavioral health services funded by GFS and/or MHBG (see Level of Care Policy), within available resources, to Individuals who meet financial eligibility standards.
8. An Individual may be served as funds are available, if they do not qualify for Medicaid, have income up to two-hundred-twenty percent (220%) of the federal poverty level, meet the medical necessity criteria (when applicable) for all services provided to them, and meet at least one of the following:
 - a. ~~Are uninsured,~~
 - b. ~~Have insurance, but are unable to pay the co-pay or the deductible for services,~~
 - c. ~~Are using excessive Crisis Services (three (3) crisis contacts within 30 days) due to inability to access non-crisis behavioral health services,~~
~~Have more than five (5) visits over six (6) months to the emergency department, detox facility, or a sobering center due to a Substance Use Disorder.~~
 - d.
9. ~~SUD Waitlist management is reviewed weekly by the SUD Care Manager to provide coordination with subcontractors.~~
- 4.10. ~~Provider capacity and waitlist management will be routinely reviewed during SBH-ASO Leadership Meetings, Internal Quality Committee Meetings, and if necessary, the Quality Assurance and Compliance Committee.~~
 - ~~a. ~~Are uninsured,~~~~
 - ~~b. ~~Have insurance, but are unable to pay the co-pay or the deductible for services,~~~~
 - ~~c. ~~Are using excessive Crisis Services (three (3) crisis contacts within 30 days) due to inability to access non-crisis behavioral health services,~~~~
 - ~~d. ~~Have more than five (5) visits over six (6) months to the emergency department, detox facility, or a sobering center due to a Substance Use Disorder.~~~~
5. ~~If SUD treatment services are not available due to limitations in a Provider's capacity the Individual is referred to another Provider.~~
6. ~~SBH-ASO requires all providers to screen for priority populations and~~

~~maintain appropriate wait lists. SBH-ASO includes priority population and waiting list criteria on the authorization request form that Providers complete and submit. SBH-ASO maintains a waitlist and coordination of interim services with Providers as needed.~~

~~87. Provider capacity and waitlist management will be routinely reviewed as part of the Utilization Management Program.~~



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: GRIEVANCE AND APPEAL SYSTEM **Policy Number:** CA402

Effective Date: 01/01/2020

Revision Date(s): 8/28/2020

Reviewed Date: 07/16/2019

Executive Board Approval Dates: 11/1/2019

PURPOSE

To describe the Salish Behavioral Health Administrative Service Organization's (SBH-ASO) Grievance and Appeal System processes that which includes the Grievance Process, Appeal Process, and access to the Administrative Hearing process for contracted services. Provider claim disputes initiated by the provider are not subject to this section policy.

DEFINITIONS

Action means the denial or limited authorization of an SBH-ASO contracted service based on medical necessity.

Administrative Hearing (or Fair Hearing) means an adjudicative proceeding before an Aadministrative Elaw Jjudge or a presiding Officer that is governed by RCW Chapter 34.05 or the aAgency's hearing rules found in WAC Chapter 182-526 and other applicable laws.

Appeal means a request for review of an Aaction.

Appeal Process means SBH-ASO's procedures for reviewing an Aaction.

Expedited appeal process allows an individual~~individual~~, in certain circumstances, to file an appeal that will be reviewed by the SBH-ASO more quickly than a standard appeal. Means a review process for Appeals when SBH-ASO determines or a provider indicates that taking the time for a standard resolution could seriously jeopardize the Individual's life or health or ability to attain, maintain, or regain maximum function.

Grievance means an expression of dissatisfaction about any matter other than an Aaction. Possible subjects for grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the individual~~individual~~'s rights.

Grievance and Appeal System means the overall system that includes Grievances and Appeals handled by SBH-ASO and access to the Administrative Hearing system.

Grievance Pprocess means the procedure for addressing ~~individual~~Individuals' Grievances (42 C.F.R. § 438.400(b)).

~~Grievance system~~ means the overall system that includes grievances and appeals handled by SBH-ASO and access to the Administrative Hearing system.

POLICY

SBH-ASO ~~has will have~~ a Grievance and Appeal System that includes a Grievance Pprocess, an Appeal Pprocess, and access to the Administrative Hearing pProcess for contracted services (WAC 182-538C-110).

SBH-ASO is responsible for accepting, responding to, and resolving non-Medicaid grievances related to the scope of work SBH-ASO is contracted with the HCA to perform. all non-Medicaid service and crisis system Grievances for non-Medicaid-funded individualIndividuals related to the scope of work SBH-ASO is contracted for and responsible to perform.

The Managed Care Organizations (MCO) retain and do not delegate to SBH-ASO the responsibility for responding to and resolving Grievances for Medicaid Enrollees. SBH-ASO will transfer and refer any Grievance for Medicaid Enrollees to the MCO with which the individual~~Individual~~ is enrolled no later than the end of the next business day following the date of receipt, irrespective of whether such Grievance is related to the SBH-ASO, a SBH-ASO sub-delegate, an MCO, or a Behavioral Health Agency (BHA).

After the MCO's initial review and upon the MCO's request, SBH-ASO will provide all reasonable assistance to the MCO in its investigation and resolution of a Grievance that relates to a service provided by SBH-ASO, a SBH-ASO subcontractor, or relates to or involves information held by SBH-ASO. The MCO will be responsible for providing the notice of the resolution of a Grievance to the affected member or provider.

Individual~~Individuals~~ may use the free and confidential Ombuds services that are contracted through the SBH-ASO. Ombuds services are offered and provided independent of SBH-ASO and are offered to individual~~Individuals~~ at any time to help them with resolving issues or problems at the lowest possible level during the Grievance, Appeal, or Administrative Hearing processes.

After termination of this Contract, the SBH-ASO will remain obligated to provide the administrative services associated with individual~~Individual~~ Appeals provided to individual~~Individuals~~ prior to the effective date of termination under the terms of this Contract.

PROCEDURE

General Grievance System Requirements

1. SBH-ASO ~~maintains~~ ~~will have~~ policies and procedures addressing the Grievance system, which comply with the requirements per Health Care Authority (HCA) ~~HCA~~-BH-ASO contract.
 - 1.a. ~~SBH-ASO will seek approval in writing for all Grievance and Appeal System policies, procedures, and Health Care Authority (HCA) must approve, in writing, all Grievance and Appeal System policies and procedures and related notices to individual/Individuals regarding the Grievance and Appeal system from HCA.~~ SBH-ASO will seek approval in writing for all Grievance and Appeal System policies, procedures, and Health Care Authority (HCA) must approve, in writing, all Grievance and Appeal System policies and procedures and related notices to individual/Individuals regarding the Grievance and Appeal system from HCA.
2. SBH-ASO ~~provides~~ ~~will give~~ Individuals any reasonable assistance necessary in completing forms and other procedural steps for Grievances and Appeals and provide information about the availability of Ombuds services to assist the Individual.
 - a. Individuals may use the free behavioral health Ombuds services. Ombuds services are offered and provided independent of SBH-ASO and are offered to Individuals at any time to help them with resolving issues or problems at the lowest possible level during the Grievance, Appeal, or Administrative Hearing processes.
3. SBH-ASO shall assure that interpreter services are provided for individual/Individuals with a preferred language other than English or for individual/Individuals who are deaf or hearing impaired at no cost to the individual/Individual; this includes translation/interpreting services (including American Sign Language (ASL)) and TTY/TTD and/or Washington Relay Services all free of charge.
4. The SBH-ASO ~~shall ensure~~ adequate staffing to perform the Grievances and Appeals processes. Staffing adequacy will be monitored through Quality Assurance and Compliance Committee.
5. SBH-ASO ~~shall be staffed with~~ a sufficient number of trained customer service representatives able to access information and resolve Grievances and triage Appeals to answer the phones. Staff shall be able to access information and resolve Grievances and triage Appeals.
6. SBH-ASO ~~shall provide~~ the following information regarding the Grievance system for GFS/FBG funded Contracted Services to all Subcontractors, including:
 - a. The toll-free numbers to file oral Grievances and Appeals, ~~and~~
 - a.b. The availability of assistance in filing a Grievance or Appeal.
 - b.c. The individual/Individual's right to file Grievances and Appeals and their requirements and timeframes for filing.
 - c. The individual/Individual's right to an Administrative Hearing, how to obtain an Administrative Hearing; and
 - d. Representation rules at an Administrative Hearing.
 - d.

~~SBH-ASO will ensure there are clear descriptions of the Grievance and Appeals functions in their Subcontracts.~~

~~5.7. SBH-ASO ensures through ongoing Staff training that will create conflict and Grievance resolution processes are that are culturally and linguistically appropriate to identify, prevent, and resolve conflict or complaints/grievances.~~

~~6.8. SBH-ASO will acknowledge receipt of each Grievance, either orally or in writing, within two (2) business days.~~

~~7.9. SBH-ASO will acknowledge in writing, the receipt of each Appeal. SBH-ASO will provide the written notice to both the ~~individual~~Individual and requesting provider within three (3) calendar days of receipt of the Appeal.~~

~~8.10. SBH-ASO will ensure that decision makers on Grievances and Appeals were not involved in previous levels of review or decision-making.~~

~~9.11. Decisions regarding Grievances and Appeals shall be made by Health Care Professionals with clinical expertise in treating the ~~individual~~Individual's condition or disease if any of the following apply:~~

- a. If the ~~individual~~Individual is appealing an action.
- b. If the Grievance or Appeal involves any clinical issues.

~~10.12. With respect to any decisions described in subsection number 110 immediately above, SBH-ASO will ensure the Health Care Professional making such decisions regarding Grievances and Appeals:~~

- a. Has clinical expertise in treating the ~~individual~~Individual's condition or disease that is age appropriate (e.g., a board-certified Child and Adolescent Psychiatrist for a child ~~individual~~Individual).
- b. A physician board-certified or board-eligible in Psychiatry or Child or Adolescent Psychiatry if the ~~G~~Grievance or ~~A~~Appeal is related to inpatient level of care denials for psychiatric treatment.
- c. A physician board-certified or board-eligible in Addiction Medicine or a Sub-specialty in Addiction Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for SUD treatment.
- d. Are one or more of the following, as appropriate, if a clinical Grievance or Appeal is not related to inpatient level of care denials for psychiatric or SUD treatment (~~ASAM 3.7~~):
 - i. Physicians board-certified or board-eligible in Psychiatry, Addiction Medicine, or Addiction Psychiatry;
 - ii. Licensed, doctoral level clinical psychologists; or
 - iii. Pharmacists.

Grievance Process

The following requirements and procedures are specific to SBH-ASO Grievance process ~~contracted services~~:

—
—

1. Only an ~~individual~~Individual or the ~~individual~~Individual's authorized representative may file a grievance with SBH-ASO.

- a. A provider may not file a Grievance on behalf of an ~~individual~~Individual unless the provider is acting on behalf of the ~~individual~~Individual and with the ~~individual~~Individual's written consent.

4.

~~SBH-ASO will request the individual~~Individual's written consent should a provider request an Appeal on behalf of an individual~~Individual without the individual~~Individual's written consent.

2. SBH-ASO will request the Individual's written consent should a provider request an Appeal on behalf of an Individual without the Individual's written consent

2.3. SBH-ASO will accept, document, record, and process Grievances forwarded by HCA.

3.4. SBH-ASO will provide a written response to HCA within three (3) business days to any constituent Grievance. For the purpose of this subsection, "constituent Grievance" means a complaint or request for information from any elected official or agency director or designee.

4.5. SBH-ASO will assist the ~~individual~~Individual with all Grievance and Appeal processes, and provide information about the availability of Ombuds services to assist the ~~individual~~Individual.

5.6. SBH-ASO will cooperate with any representative authorized in writing by the ~~individual~~Individual.

6.7. SBH-ASO will consider all information submitted by the ~~individual~~Individual or authorized representative.

7.8. SBH-ASO will investigate and resolve all Grievances whether received orally or in writing. SBH-ASO will not require an ~~individual~~Individual or his/her authorized representative to provide written follow up for a Grievance or Appeal SBH-ASO received orally.

8.9. SBH-ASO will complete the disposition of a Grievance and notice to the affected parties as expeditiously as the ~~individual~~Individual's health condition requires, but no later than 45 calendar days from receipt of the Grievance.

9.10. The notification may be made orally or in writing for Grievances not involving clinical issues. Notices of disposition for clinical issues must be in writing.

10.11. ~~Individuals~~Individuals do not have the right to an Administrative Hearing ~~in regard to~~regarding the disposition of a Grievance.

Appeal Process

1. SBH-ASO has ~~ashall have a~~ sufficient number of behavioral health clinical peer reviewers available to conduct Appeal reviews or to provide clinical consultation on complex cases, treatment plan issues, and other treatment needs. Clinical peer reviewers may be subcontracted and can be located outside of Washington State but shall be subject to the same supervisory oversight and quality monitoring as staff located in Washington State.

4.2. An ~~individual~~Individual, the ~~individual~~Individual's authorized representative, or a provider acting on behalf of the ~~individual~~Individual and with the ~~individual~~Individual's written consent, may Appeal an ~~Contractor a~~Action.

- a. If a provider has requested an Appeal on behalf of an ~~individual~~Individual,

but without the ~~individual~~Individual's written consent, SBH-ASO will not dismiss the Appeal without first attempting to contact the ~~individual~~Individual within five (5) calendar days of the provider's request, informing the ~~individual~~Individual that an appeal has been made on the ~~individual~~Individual's behalf, and then asking if the ~~individual~~Individual would like to continue the Appeal.

If the ~~individual~~Individual wants to continue the Appeal, SBH-ASO will obtain from the ~~individual~~Individual a written consent for the Appeal. If the ~~individual~~Individual does not want to continue the Appeal, SBH-ASO will formally dismiss the Appeal, in writing, with appropriate ~~individual~~Individual Appeal rights and by delivering a copy of the dismissal to the provider as well as the ~~individual~~Individual.

- b. For expedited Appeals, SBH-ASO may bypass the requirement for the ~~individual~~Individual's written consent and obtain the ~~individual~~Individual's oral consent. The ~~individual~~Individual's oral consent shall be documented in SBH-ASO's records.

2.3. If HCA receives a request to Appeal an Action of SBH-ASO, HCA will forward relevant information to SBH-ASO and SBH-ASO will contact the ~~individual~~Individual with information that a provider filed an appeal.

3.4. For Appeals of standard service authorization decisions, an ~~individual~~Individual, or a provider acting on behalf of the ~~individual~~Individual, must file an Appeal, either orally or in writing, within 60 calendar days of the date on SBH-ASO's Notice of Action. This also applies to an ~~individual~~Individual's request for an expedited Appeal.

4.5. Oral inquiries seeking to Appeal an Action shall be treated as Appeals and be confirmed in writing, unless the ~~individual~~Individual or provider requests an expedited resolution. The appeal acknowledgement letter sent by SBH-ASO to an ~~individual~~Individual shall serve as written confirmation of an Appeal filed orally by an ~~individual~~Individual.

5.6. The Appeal process shall provide the ~~individual~~Individual a reasonable opportunity to present evidence, and allegations of fact or law in writing. SBH-ASO will inform the ~~individual~~Individual of the limited time available for this in the case of expedited resolution.

6.7. The Appeal process shall provide the ~~individual~~Individual and the ~~individual~~Individual's representative opportunity, before and during the Appeals process, to examine the ~~individual~~Individual's case file, including medical records, and any other documents and records considered during the Appeal process.

7.8. The Appeal process shall include as parties to the Appeal, the ~~individual~~Individual and the ~~individual~~Individual's representative, or the legal representative of the deceased ~~individual~~Individual's estate.

8.9. In any Appeal of an Action by a Subcontractor, SBH-ASO or its Subcontractor shall apply SBH-ASO's own clinical practice guidelines, standards, protocols, or other criteria that pertain to authorizing specific services.

9.10. SBH-ASO will resolve each Appeal and provide notice, as expeditiously as the ~~individual~~Individual's health condition requires, within the following timeframes:

- a. For standard resolution of Appeals and for Appeals for termination, suspension or reduction of previously authorized services a decision must be made within 14 calendar days after receipt of the Appeal, unless SBH-ASO notifies the individual/Individual that an extension is necessary to complete the Appeal; however, the extension cannot delay the decision beyond 28 calendar days of the request for Appeal.
- b. For any extension not requested by an individual/Individual, SBH-ASO must give the individual/Individual written notice of the reason for the delay.
- c. For expedited resolution of Appeals or Appeals of behavioral health drug authorization decisions, including notice to the affected parties, no longer than three (3) calendar days after SBH-ASO receives the Appeal.

~~10-11.~~ SBH-ASO will provide notice of resolution of the Appeal in a language and format which is easily understood by the individual/Individual. The notice of the resolution of the Appeal shall:

- a. Be in writing and sent to the individual/Individual and the requesting provider. For notice of an expedited resolution, SBH-ASO will also make reasonable efforts to provide oral notice.
- b. Include the date completed and reasons for the determination.
- c. Include a written statement of the reasons for the decision, including how the requesting provider or individual/Individual may obtain the review or decision-making criteria.
- d. For Appeals not resolved wholly in favor of the individual/Individual:
 - i. Include information on the individual/Individual's right to request an Administrative Hearing and how to do so.

Expedited Appeals Process

1. SBH-ASO will establish and maintain an expedited Appeal review process for Appeals when SBH-ASO determines or a provider indicates that taking the time for a standard resolution could seriously jeopardize the individual/Individual's life or health or ability to attain, maintain, or regain maximum function.
2. The individual/Individual may submit an expedited Appeal either orally or in writing. No additional individual/Individual follow-up is required.
3. SBH-ASO will make a decision on the individual/Individual's request for expedited Appeal and provide written notice, as expeditiously as the individual/Individual's health condition requires, within three (3) calendar days after SBH-ASO receives the Appeal. SBH-ASO will also make reasonable efforts to provide oral notice.
4. SBH-ASO may extend the timeframes by up to 14 calendar days if the individual/Individual requests the extension; or SBH-ASO shows there is a need for additional information and how the delay is in the individual/Individual's interest.
5. For any extension not requested by an individual/Individual, SBH-ASO must give the individual/Individual written notice of the reason for the extension.
6. SBH-ASO will ensure that punitive action is not taken against a provider who requests an expedited resolution or supports an individual/Individual's Appeal.
7. If SBH-ASO denies a request for expedited resolution of an Appeal, it shall

transfer the Appeal to the timeframe for standard resolution and make reasonable efforts to give the individual/Individual prompt oral notice of the denial and follow up within two (2) calendar days with a written notice of denial.

Administrative Hearing

1. Only the individual/Individual or the individual/Individual's authorized representative may request an Administrative Hearing. A provider may not request an Administrative Hearing on behalf of an individual/Individual.
2. If an individual/Individual does not agree with SBH-ASO's resolution of an Appeal, the individual/Individual may file a request for an Administrative Hearing within 120 calendar days of the date of notice of the resolution of the Appeal. SBH-ASO will not be obligated to continue services pending the results of the Administrative Hearing.
3. If the individual/Individual requests an Administrative Hearing, SBH-ASO will provide to HCA and the individual/Individual, upon request, and within three (3) business days, all Contractor-held documentation related to the Appeal, including, but not limited to: transcript(s), records, or written decision(s) from participating providers or delegated entities.
4. SBH-ASO is an independent party and is responsible for its own representation in any Administrative Hearing, Board of Appeals, and subsequent judicial proceedings.
5. SBH-ASO's **B**ehavioral **H**health **M**edical **D**irector or designee shall review all cases where an Administrative Hearing is requested and any related Appeals.
6. The individual/Individual must exhaust all levels of resolution and Appeal within SBH-ASO's Grievance System prior to filing a request for an Administrative Hearing with HCA.
7. SBH-ASO will be bound by the final order, whether or not the final order upholds SBH-ASO's decision.
8. If the final order is not within the purview of this Contract, then HCA will be responsible for the implementation of the final order.
9. The Administrative Hearings process shall include as parties to the Administrative Hearing, SBH-ASO, the individual/Individual and the individual/Individual's representative, or the legal representative of the deceased individual/Individual's estate, and HCA.

Petition for Review

Any party may Appeal the initial order from the Administrative Hearing to HCA Board of Appeals in accordance with WAC Chapter 182-526. Notice of this right shall be included in the Initial Order from the Administrative Hearing.

Effect of Reversed Resolutions of Appeals and Administrative Hearings

If SBH-ASO's decision not to provide Contracted Services is reversed, either through a final order of the Washington State Office of Administrative Hearings or the HCA Board of Appeals, SBH-ASO will provide the disputed services promptly, and as expeditiously as the individual/Individual's health condition requires.

Recording and Reporting Grievances, Adverse Authorization Determinations, and

Appeals Actions, Grievances, Appeals

SBH-ASO will maintain records of all Grievances, Adverse Authorization Determinations including Actions, and Appeals~~Actions, Grievances, and Appeals.~~

SBH-ASO will retain all records for a period of no less than 10 years after the completion of the grievance process.

1. The records shall include Grievances, Adverse Authorization Determinations including Actions, and Appeals~~Actions, Grievances and Appeals~~ handled by delegated entities, and all documents generated or obtained by SBH-ASO in the course of these activities~~responding to such Actions, Grievances, and Appeals.~~
2. SBH-ASO will provide separate reports to HCA, quarterly using Exhibit U, Grievance, Adverse Authorization Determination, and Appeals reporting template of all Actions, Grievances, and Appeals related to Contracted Services to HCA quarterly, due the 15th of the month following the quarter.
3. SBH-ASO is responsible for maintenance of records for and reporting of any Actions, Grievances, and Appeals handled~~these activities handled~~ by delegated entities.
4. ~~Delegated Actions, Grievances, and Appeals are to be integrated into SBH-ASO's report.~~
- 5.4. ~~Data shall be reported in HCA and Contractor agreed upon format.~~ Reports that do not meet the Grievance and Appeal System rReporting rRequirements shall be returned to SBH-ASO for correction. Corrected reports will be resubmitted to HCA within 30 calendar days.
- 6.5. The report medium shall be specified by HCA.
- 7.6. Reporting of Grievances shall include all expressions of Individual dissatisfaction not related to an Action. All Grievances are to be recorded and counted whether the Grievance is remedied by the Contractor immediately or through its Grievance and quality of care service procedures~~actions shall include all medical necessity determinations but will not include denials of payment to providers unless the individual is liable for payment in accord with WAC 182-502-0160 and the provisions per the HCA-BH-ASO contract.~~
8. ~~SBH-ASO will provide information to HCA regarding denial of payment to providers upon request.~~
9. ~~Reporting of Grievances shall include all expressions of individual dissatisfaction not related to an Action. All Grievances are to be recorded and counted whether the Grievance is remedied by SBH-ASO immediately or through its Grievance and quality of care service procedures.~~

Grievance and Appeal System Terminations

When available resources are exhausted, any Appeals or Administrative Hearings related to a request for authorization of a non-Crisis Contracted Service will be terminated since non-Crisis Services cannot be authorized without funding regardless of medical necessity.

After termination of its contract with the HCA, the SBH-ASO will remain obligated to provide the administrative services associated with Individual Appeals provided to Individuals prior to the effective date of termination under the terms of the prior contract.

Grievance Process for Medicaid Enrollees

The Managed Care Organizations (MCO) retain and do not delegate to SBH-ASO the responsibility for responding to and resolving Grievances for Medicaid Enrollees. SBH-ASO will transfer and refer any Grievance for Medicaid Enrollees to the MCO with which the Individual is enrolled no later than the end of the next business day following the date of receipt, irrespective of whether such Grievance is related to the SBH-ASO, a SBH-ASO sub delegate, an MCO, or a Behavioral Health Agency (BHA).

Upon the MCO's request, SBH-ASO will provide all reasonable assistance to the MCO in its investigation and resolution of a Medicaid Grievance. The MCO will be responsible for providing the notice of the resolution of a Medicaid Grievance to the affected member or provider.

Grievance and Appeal System Monitoring

SBH-ASO monitors its adherence to this Policy. Any discrepancies identified (e.g., deviance from expected timelines, Ombuds input, or HCA feedback) will be addressed by the Quality Assurance and Compliance Committee.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL RIGHTS AND PROTECTIONS **Policy Number:** [CA403](#)
Effective Date: [1/1/2020](#)
Revision Dates: 9/25/2020
Reviewed Date:
Executive Board Approval Dates: 11/1/2019

PURPOSE

To ensure that Salish Behavioral Health Administrative Services Organization (SBH-ASO) Individuals are fully informed of their rights and responsibilities in accordance with applicable state and federal laws.

To define requirements for communicating the individual rights established by WAC 246-341-0600, RCW 71.24, 42 CFR 438.100, and the Washington State Health Care Authority, as well as provide and other important information regarding the behavioral health services available to consumer Individuals, as included in the member handbook.

DEFINITIONS

Behavioral Health Agency (“BHA”) is licensed by the State of Washington to provide mental health and/or substance use disorder treatment and is subcontracted under the State BHO/ASO Program Agreement to provide services.

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

Consumer – A person who has applied for, is eligible for or has received behavioral health services from a Salish Behavioral Health (SBH-ASO) network provider, regardless of Medicaid eligibility. For a child under the age of thirteen, or for a child thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.

Cultural Competence – The ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from

~~diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.~~

~~Enrollee – a Medicaid recipient who is enrolled in a pre-paid inpatient health plan (PIHP).~~

~~Enrollee – A consumer who is also a Medicaid recipient enrolled with SBH-ASO.~~

POLICY

~~SBH-ASO and its subcontractors shall comply with any applicable State and Federal laws that pertain to an Individuals' rights and protections and ensure that its staff protect and promote those rights when furnishing services to Individuals. Subcontractors are responsible for ensuring each Individual requesting/receiving a service is informed of their rights.~~

~~A. _____~~

~~B. Medicaid eEnrollees are informed that the *Washington Medicaid Behavioral Health Benefits Booklet* produced by the Health Care Authority is available at intake time of service, any time upon request, and on the SBH-ASO website.~~

~~A. Conspicuously marked translations of consumer Individual rights are posted in readily accessible public areas at all SBH-ASO provider agencies, accompanied by a multilingual notice advising that written materials regarding these rights are available. As needed, SBH-ASO makes translated materials relating to consumer Individual rights available to its providers, for distribution to consumer Individuals, via its website.~~

~~B. As necessary to ensure they understand their rights, interpretive services are provided, at no cost to the consumer Individual, to communicate with consumer Individuals for whom English is not their primary language, and alternative formats are used to communicate with consumer Individuals with impaired sight or hearing. These services are also available for other interactions between consumer Individuals and SBH-ASO or its network providers, including but not limited to customer service, all appointments for any covered service, crisis services, and all steps necessary to file a grievance or appeal.~~

~~C. When an consumer Individual requests it, information related to (1) a network provider's licensure, certification and accreditation status; and/or (2) information that includes but is not limited to, education, licensure, and Board certification and/or recertification of mental health professionals (i.e., psychiatrist, psychologist, psychiatric nurse or social worker), Mental Health Care Providers (i.e., the individual with primary responsibility for implementing an individualized service plan for mental health rehabilitation services), and Chemical Dependency Professionals is provided.~~

~~Additionally, upon their request, Medicaid enrollees are provided identification of individual Mental Health Care Providers who are not accepting new enrollees.~~

~~D. Apple Health Care enrollees are not referred to their Healthy Options managed care plan for behavioral health services if they are determined to be eligible for SBH-ASO behavioral health services based on medical necessity.~~

~~E. Staff members who regularly interact with consumer/Individuals are trained to the provisions of this policy.~~

PROCEDURE

General Requirements

The SBH-ASO and its subcontractors shall guarantee that each Individual has the following rights:

1. To information regarding the Individual's behavioral health status.
2. To receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner.
3. To receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).
4. To participate in decisions regarding his or her behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions.
5. To be treated with respect and with due consideration for his or her dignity and privacy.
6. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
7. To request and receive a copy of his or her medical records, as specified in 45 C.F.R. Part 164, to review the clinical record in the presence of the administrator or designee, and to request that the record be amended or corrected.
8. To be free to exercise his or her rights and to ensure that doing so does not adversely affect the way the Contractor treats the Individual.
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
13. Be free of any sexual harassment;
14. Be free of exploitation, including physical and financial exploitation;
15. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;

16. Receive a copy of agency grievance system procedures according to WAC Chapter 182-538C-110 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if the individual believes their rights have been violated; and
17. Submit a report to the Department of Health when the individual feels the agency has violated a WAC requirement regulating behavioral health agencies.

In addition to the rights above, Individuals receiving involuntary treatment services have the following rights:

- ~~1-18.~~ 18. The right to individualized care and adequate treatment;
- ~~2-19.~~ 19. The right to discuss treatment plans and decisions with professional persons;
20. The right to access treatment by spiritual means through prayer in accordance with tenets and practices of a church or religious denomination *in addition to medical treatment*

Subcontractor Requirements

SBH-ASO and its subcontractors requires a criminal history background check through the Washington State Patrol for employees, volunteers, and contractors of the SBH-ASO who may have unsupervised access to children, people with developmental disabilities or vulnerable adults, in accordance with Chapter 388-06 WAC.

Each subcontractor licensed to provide any behavioral health service must develop a statement of Individual participant rights applicable to the service categories the agency is licensed for, to ensure and individual's rights are protected in compliance with RCW 71.05, 71.12, and 71.34. In addition, the subcontractor must either implementutilize the SBH-ASO "Individual Rights Statement" or develop a general statement of Individual rights that incorporates, at a minimum, the rights outlined in the General Requirements section of this Policy.

Subcontractor are responsible for ensuring the SBH-ASO "Individual Rights, or equivalent, Statement" detailing the rights are offered to each person at the initial intake/assessment or first face-to-face crisis contact. Subcontractors are responsible for ensuring a copy of the "Individual Rights Statement" document is signed by the individual at the first outpatient appointment documenting that the rights are understood and accepted. The signed "Individual Rights documentStatement" will be maintained in the individual's clinical record. Subcontractors shall document in the clinical record if the individual chooses not to sign the Individual Rights document. Subcontractors are expected to review the rights with the individual as frequently as necessary.

~~Providers are responsible for ensuring a copy of the "Individual Rights Statement" is signed by the individual documenting that the rights are understood and accepted. The signed "Individual Rights Statement" will be maintained in the individual's clinical record.~~

Subcontractors will prominently post the current ~~the~~ “Individual Rights Statement” in each location where an individual receives services~~alish.~~

Subcontractors will ensure a copy of the “Individual Rights Statement” and Individual Rights Policy and Procedure are provided to individuals, family members or other interested persons upon request. Subcontractor employees shall be apprised of this policy and the procedures set forth in this policy upon hire. Documentation of this training will be maintained within each employee’s personnel file.

Each subcontractor must ensure that the current Individual Rights described in this policy are available in alternative formats acceptable to the individual and translated to the most commonly used languages in the subcontractor’s service area.

- ~~1. Subsequent to their initial presentation during the Intake process, rights are reviewed with consumer~~Individuals as often as necessary to ensure understanding.
- ~~1. The Health Care Authority’s Washington Medicaid Behavioral Health Benefits Booklet is also available via the internet, <https://www.hca.wa.gov/assets/free-or-low-cost/22-661EN-behavioral-health-benefits-book.pdf>. This information is provided to consumer~~Individuals at intake and upon request.
- ~~2. When explanations of consumer~~Individual rights are provided, documentation of such is made at least as follows:
 - ~~2.1. A statement of rights is signed by the consumer~~Individual and kept in his/her clinical record.
 - ~~2.2. Clinicians document that they have provided all required information regarding the consumer~~Individual’s rights in a manner appropriate to the consumerIndividual’s linguistic, physical and cognitive abilities. Such documentation may be provided in a narrative chart note or by completing an attestation form available on the SBH-ASO website and filing it in the consumerIndividual’s clinical record.
- ~~3. On-site audits of network providers, conducted by SBH-ASO, include checks for evidence of compliance with the provisions of this policy. When a need for corrective action is identified during such audits, network providers address compliance issues via their quality improvement processes and provide evidence of sustained improvement. SBH-ASO staff review audit findings for trends requiring system level intervention, and report such to the SBH-ASO Quality Management Oversight Committee for recommendations which are then presented to the SBH-ASO Board of Directors for action.~~

MONITORING



SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION INDIVIDUAL RIGHTS

You have the right to:

1. Information regarding your behavioral health status.
2. Receive all information regarding behavioral health treatment options including any alternative or self-administered treatment, in a culturally competent manner.
3. Receive information about the risks, benefits, and consequences of behavioral health treatment (including the option of no treatment).
4. Participate in decisions regarding your behavioral health care, including the right to refuse treatment and to express preferences about future treatment decisions.
5. Be treated with respect and with due consideration for your dignity and privacy.
6. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
7. Request and receive a copy of your medical records, as specified in 45 C.F.R. Part 164, to review the clinical record in the presence of the administrator or designee, and to request that the record be amended or corrected.
8. Be free to exercise your rights and to ensure that doing so does not adversely affect the way the Contractor treats you.
9. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. You have the right to refuse participation in any religious practice;
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
12. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
13. Be free of any sexual harassment;
14. Be free of exploitation, including physical and financial exploitation;
15. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
16. Receive a copy of agency grievance system procedures according to WAC Chapter 182-538C-110 upon request and to file a grievance with the agency, or behavioral health administrative services organization (BH-ASO), if applicable, if you believe your rights have been violated; and
17. Submit a report to the Department of Health when the you feel the agency has violated a WAC requirement regulating behavioral health agencies.

In addition to the rights above, if you are receiving involuntary treatment services you have the following additional rights:

- 4-18. The right to individualized care and adequate treatment;
- 2-19. The right to discuss treatment plans and decisions with professional persons;

20. The right to access treatment by spiritual means through prayer in accordance with tenets and practices of a church or religious denomination *in addition to medical treatment*

Assistance is Available:

If you have questions about any part of this notice, or need this form in another language or a different format such as American Sign Language (ASL), oral interpretation, Braille, or large print, please call us at 1-800-525-5637 or please contact us through our Telecommunication Relay Service (TTY) at 1-800-833-6384 or dial 7-1-1. All accommodations or requests for alternative formats are provided at no cost.

Si tiene alguna pregunta de la información en esta correspondencia, o si necesita la información en otro idioma, o en un formato diferente (lenguaje de señas americano, interpretación oral, braille, o letra grande), llámenos al 1-800-525-5637 o comuníquese con nosotros a través de nuestro Servicio de retransmisión de telecomunicaciones (TTY) al 1-800-833-6384 o marque 7-1-1. Todos los alojamientos de formatos alternativos se proporcionan sin costo.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA INTEGRITY

Policy Number: IS602

Effective Date: 01/01/2020

Revision Dates: 8/20/2020

Reviewed Date: 04/08/2019

Executive Board Approval Dates: 05/17/2019; 11/1/2019

PURPOSE

To specify the processes for ensuring the latest information is available to Salish Behavioral Health Administrative Services Organization (SBH-ASO) which ensures that SBH-ASO data, and therefore the Health Care Authority (HCA) and Managed Care Organizations (MCOs) data is as current and error free as possible.

POLICY

SBH-ASO will submit accurate and complete data to the HCA and MCOs.

PROCEDURE

~~A.~~ SBH-ASO requires contracted Pp providers to submit encounter data and supplemental~~native~~ transactions weekly. Data submitted must be in accordance with the Encounter Data Reporting Guide, DBHR-BHDS Data Guide, SBH-ASO Data Dictionary, and the IMC Service Encounter Reporting Instructions (SERI). SBH-ASO will submit accurate and timely transactions to the HCA and MCOs.

A.

B. SBH-ASO will import and process files daily and proactively run internal scrubbing and error handling processes to proactively catch~~identify~~ anticipated rejections from the HCA and MCOs.

C. After the import process is complete, contracted Pp providers will receive an agency response file which lists all transactions and import status~~batch summary and error report for their files~~. SBH-ASO will communicate with the contracted Pp providers any data anomalies, such as:

- ~~1. Difference between agencies of same client, different gender.~~
1. Different client ID for same client in agency.

~~3.~~ 2. Significant change in number of clients, or number of services reported at a contracted provider site.

~~4. Significant delay in correction of outstanding errors.~~

~~These errors must be corrected and resubmitted within 30 days.~~

3. Any outstanding errors must be corrected and resubmitted within 30 days.

4.3 SBH-ASO will provide technical assistance as necessary to support this process.

~~Any outstanding errors must be corrected and resubmitted within 30 days.~~

~~5.~~

D. SBH-ASO exports data weekly. Demographic Supplemental and encounter files are generated and uploaded to the HCA and/or the MCO portals.

~~D.E. The SBH-ASO downloads error reports from MCOs and HCA, are downloaded when they are made available, and any errors received are either corrected at SBH-ASO or passed down to Providers to be corrected within 30 days.~~

E.F. SBH-ASO will import the eligibility, claims, and payment files from the HCA and the MCOs on a weekly schedule. They are imported and processed into the SBH-ASO system upon retrieval.

All data sent to SBH-ASO by contracted providers and all data sent by SBH-ASO to the HCA and MCOs will be certified concurrently with each file upload per 42 CFR 438.606 and the Encounter Data Reporting Guide.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DATA SUBMISSION PROCEDURES **Policy Number:** IS603

Effective Date: 01/01/2020

Revision Dates: 9/11/2020

Reviewed Date: 04/10/2019

Executive Board Approval Dates: 05/17/2019; 11/1/2019

PURPOSE

To detail the process of how encounter and demographic supplemental data is submitted to the HCA and Managed Care Organizations (MCO)s from the Salish Behavioral Health Administrative Services Organization (SBH-ASO) System.

POLICY

SBH-ASO submits supplemental data to the HCA in accordance with the timelines established in the most current BHDS Data Guide.

SBH-ASO ~~shall~~ submits encounter ~~and demographic~~ data to the HCA and MCOs within 30 days from the close of the calendar month in which the encounter occurred. —

PROCEDURE

SBH-ASO uses an SFTP to upload data files to the HCA and MCOs on a weekly schedule, as described below:

Supplemental Demographic data

The demographic supplemental data is exported weekly to the HCA in a tab-delimited text file.

- SFTP site is located at sft.wa.gov and using the hca-salish username.
- The file is uploaded to /NewBatch folder
- The batch report is available the next day in the /BatchReport folder
- The batch report is reviewed~~Review the batch report~~ for any errors. Errors are corrected and those records resubmitted in the next week's batch upload.

SBH-ASO will report any data related to ITA investigations and detentions under Chapter 71.05 and 71.34 RCW within twenty-four (24) hours of receipt.

Encounters/Claims

The SBH-ASO submits and maintains accurate, timely, and complete data.

1. SBH-ASO will designate a dedicated person to work collaboratively with HCA on quality control and review of encounter data submitted to the HCA. SBH-ASO designates its IS Manager.
2. SBH-ASO will submit to HCA complete, accurate, and timely data for all services for which the SBH-ASO has incurred any financial liability, whether directly or through subcontracts or other arrangements in compliance with current encounter submission guidelines as published by HCA. The SBH-ASO submits encounter data using assigned program identifiers. The data adheres to the following quality standards:
 - A. Submitted encounters and encounter records shall have all fields required and found on standard healthcare claim billing forms or an electronic healthcare claim format to support proper adjudication of an encounter. The SBH-ASO shall submit to HCA, without alteration, omission, or splitting all available claim data in its entirety from the Provider's original claim submission to the SBH-ASO.
 - B. Submitted encounters and encounter records must pass all HCA ProviderOne system edits with a disposition of accept as listed in the Encounter Data Reporting Guide or sent out in communications from HCA to the SBH-ASO; and
 - C. Submitted encounters or encounter records must not be a duplicate of a previously submitted and accepted encounter or encounter record unless submitted as an adjustment or void per HIPAA Transaction Standards.
 - D. The data quality standards listed within the HCA BH-ASO Contract. The SBH-ASO will make changes or corrections to any systems, processes or data transmission formats as needed to comply with HCA's data quality standards as defined and subsequently amended.
 - E. The SBH-ASO certifies the accuracy and completeness of all data concurrently with each file upload. The certification must affirm that:
 - i. The SBH-ASO has reported to HCA for the month of (indicate month and year) all paid claims for all claim types; and
 - ii. The SBH-ASO has reviewed the claims data for the month of submission;

- iii. The SBH-ASO's Administrator has the authority and is the individual certifying the submission.
 - iv. The individual certifying must attest that based on the best knowledge, information, and belief as of the date indicated, all information submitted to HCA in the submission is accurate, complete, truthful, and no material fact has been omitted from the submission.
 - v. The certification must indicate if the Administrator is ultimately responsible for the encounter data submission.
3. HCA may change the Encounter Data Reporting Guide and SERI Guide with ninety (90) calendar days' written notice to the SBH-ASO.
 4. The Encounter Data Reporting Guide and SERI Guide may be changed with less than ninety (90) calendar days' notice by mutual agreement of the SBH-ASO and HCA.
 5. The SBH-ASO shall, upon receipt of such notice from HCA, provide notice of changes to subcontractors.
 6. The SBH-ASO shall ensure that final reporting of encounters for services provided under the HCA BH-ASO Contract shall occur no more than ninety (90) calendar days after the end of each fiscal year of the HCA BH-ASO Contract.

The SBH-ASO operationalizes the above requirements through the processes listed below.

Encounter/Claim data is sent to HCA or the MCOs on a weekly schedule. Files are sent in an 837P or 837I format with any alterations required by HCA and the separate MCOs.

- The SFTP for HCA files is <ftp.waproviderone.org> as user 105021001
- The files are uploaded to the /PROD/HIPAA_Inbound folder.
- In general, Wwithin a few hours the acknowledgement files are available in the /PROD/HIPAA_ACK folder.
- If any of the files received an error and did not import, the file is corrected and resent immediately.
- MCO files are sent to their respective SFTPs. MCOs should provide acknowledgement files. Acknowledgement files are received to confirm successful submission of data. Any file errors are corrected and resent immediately.

Any data records that had been submitted by the SBH-ASO that were rejected by the HCA and MCOs shall be investigated for the cause of rejection, data corrected, and

marked as needing to be resubmitted. Depending on the cause of the rejection, subcontracted providers may be notified of necessary data correction. All data errors shall be remedied within 30 days from the receipt of the batch report.

~~SBH-ASO will report any data related to ITA investigations and detentions under Chapter 71.05 and 71.34 RCW within twenty four (24) hours.~~

Data Certification

To comply with 42 CFR 438.606, SBH-ASO certifies the accuracy and completeness of submitted encounter data or other required data submissions concurrently with each file upload.

~~The Administrator will certify the data.~~ The SBH-ASO IS Manager will email [data certification-data](#) to encounterdata@hca.wa.gov per the Encounter [Data](#) Reporting Guide. A month-end certification form is signed by the SBH-ASO Administrator and emailed to: encounterdata@hca.wa.gov.

[A month-end certification form is signed by the SBH-ASO Administrator and emailed to the respective MCO by the SBH-ASO IS Manager on a monthly basis.](#)

Health Care Authority
HCS/QCM
PO BOX 45530
Olympia, WA 98584-5530



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: DISASTER RECOVERY AND BUSINESS CONTINUITY **Policy Number:** IS604

Effective Date: 01/01/2020

Revision Dates: [10/15/2020](#)

Reviewed Date: 04/08/2019

Executive Board Approval Dates: 05/17/2019

CROSS REFERENCES

- Policy: Kitsap County Information Services Disaster Recovery Policy

PURPOSE

To outline the process of Salish Behavioral Health Administrative Services Organization (SBH-ASO) coordination with Kitsap County Information Services for the purpose of implementing the Disaster Recovery Plan.

POLICY

The SBH-ASO has and requires its subcontractors to have a primary and back-up system for electronic submission of data requested by HCA. The system includes the use of the Inter-Governmental Network (IGN) Information Systems Services Division (ISSD) approved secured virtual private network (VPN) or other ISSD-approved dial-up. In the event these methods of transmission are unavailable and immediate data transmission is necessary, an alternate method of submission will be considered based on HCA approval.

It is the mission of SBH-ASO to create and maintain a business continuity and disaster recovery plan that insuresensures timely reinstatement of the Consumer information system following total loss of the primary system or a substantial loss of functionality

The scope of this policy is limited to the effective and efficient restoration of communications and data flow between SBH-ASO, its subcontractorsproviders, HCA, and the MCOs.

PROCEDURE

- A. Appointed Disaster Recovery Staff for SBH-ASO will consist of:
- SBH-ASO Administrator
 - SBH-ASO IS Manager
- B. In the event of an emergency, the SBH-ASO Administrator would be the first point of contact by Kitsap County IS. The SBH-ASO IS Manager would assist the Administrator and Kitsap County IS during the recovery operations. If the SBH-ASO Administrator and SBH-ASO IS Manager are unable to perform these duties, the SBH-ASO Deputy Administrator and Kitsap IS will fill those roles.
- The SBH-ASO Administrator and the SBH-ASO IS Manager will be the points of contact for SBH-ASO Providerssubcontractors.
- C. The Kitsap County Disaster Recovery Management Team is responsible for leading the overall system recovery priority and restoring communications for Kitsap County. A complete list of emergency contacts is kept by Kitsap IS on each of their cell phones.
- SBH-ASO employees have a phone list at home in case of emergency and to support disaster recovery activities.
- D. Kitsap County IS maintains the applications inventory for SBH-ASO as well as confirmation of updated systems and operations documentation. Kitsap County IS also maintains all hardware and software vendor lists.
- ~~E.~~ All backup processes are run nightly by Kitsap County IS, including SBH-ASO data, and off-site storage of data backups is kept in the cloud and at the Kitsap 911 facility. SBH-ASO data is scheduled to be backed up on a nightly basis.
- E.
- F. Designated recovery site strategies are facilitated by Kitsap County IS and Facilities.
- G. The file recovery system is tested weekly and logs are available on request.
- H. ~~Salish BHO~~-ASO will submit an annual certification statement indicating there is a business continuity disaster plan in place for both the Contractor SBH-ASO and its Subcontractors. The certification must be submitted by January 1 of each Contract year. The certification must indicate the plan is up to date, the system and data backup and recovery procedures have been tested, and copies of the SBH-ASO Contractor and Subcontractor plans are available for HCA to review and audit.



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CRISIS STABILIZATION ~~SERVICES IN A~~
~~CRISIS STABILIZATION OR TRIAGE~~
~~FACILITY~~

Policy Number: UM805

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

Revision Dates: 3/12/2020; 10/29/2020

Reviewed Date: ~~07/30/2019;~~ 3/12/2020

Executive Board Approval Dates: 11/1/2019

PURPOSE

The purpose of this policy is to ensure ~~quality crisis stabilization services within treatment facilities across the Salish region.~~ the provision of Crisis Stabilization Services ~~are provided~~ to non-Medicaid individuals in the Salish region as available resources allow and subject to eligibility and -medical necessity review.

POLICY

Crisis Stabilization Services ~~Stabilization Services~~ are provided to individuals who are experiencing a behavioral/mental health crisis. These services are to be provided in a home-like setting, or a setting which provides safety for the individual and the staff, such as facilities licensed by the Department of Health (DOH) as either a Crisis Stabilization or Crisis Triage facility. ~~Stabilization services shall include short-term (up to fourteen (14) days per episode) face-to-face assistance with life skills training and understanding of medication effects and follow-up services. Stabilization services may be provided prior to an intake evaluation for mental health services.~~

STANDAPROCEDURERDS

A. Stabilization Service Program Elements

1. 24 hours per day/7 days per week availability.
2. Services may be provided prior to intake evaluation.
3. Services must be provided by a Mental Health Professional (MHP), or under the supervision of an MHP.
4. SBH-ASO provides for these services in a home-like setting, or a setting that provides for safety of the person and the staff.

5. Service is short-term (~~up to 14 days per episode~~) and involves, but is not limited to, face-to-face assistance with life skills training and understanding of medication effects and follow-up services in accordance with HCA BH-ASO Contract and regulatory requirements.
- 5.—
6. Services may be provided as follow-up to crisis services or to those determined by an MHP to need additional stabilization services.
7. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting
8. Have a protocol for requesting a copy of an individual's crisis plan
9. Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location
10. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW 71.05.710
11. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility
12. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
13. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

6.

B. Stabilization Service Outcomes

1. Evaluate and stabilize individuals in their community and prevent ~~avoidable unnecessary~~ hospitalization;
2. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;
3. Actively facilitate resource linkage so individuals can return to baseline functionality; and
4. Provide follow-up contact to the individual to ensure stability after discharging from a facility.

Referral, Inclusion, and Exclusionary Criteria

Crisis stabilization providers shall use standardized admission and exclusion criteria for crisis stabilization services.

A. Whenever possible, referrals to crisis stabilization ~~facilities~~ will include the following information:

1. Behaviors or behavioral health symptoms that cause concern or require special care or safety measures;

2. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment, and impaired judgment;
3. History of mental health issues, including suicidality, depression, and anxiety;
4. Social, physical, and emotional strengths and needs;
5. Current substance use;
6. Functional abilities in relationship to Activities of Daily Living (ADLs) and ambulation; and
7. Current medications and medical needs.

When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.

B. Inclusionary Criteria

1. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis.
2. Individuals must be willing to admit to a voluntary facility.
3. Individuals, if a risk to self, must be willing to engage in safety planning.
4. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance, and smoking.
5. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
6. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
7. Individuals must be able to perform basic ADLs and be able to self-ambulate.

C. Exclusionary Criteria

1. Individuals needing immediate medical intervention for an acute or chronic condition or whose ongoing medical needs exceed the capacity of the facility or home setting.
2. Individuals who present a high likelihood of violence or arson at time of admit.
- ~~2-3.~~ Any non-emergent referral for Crisis Stabilization Services.

Utilization Management

~~SBH-ASO provides~~ Crisis Stabilization Services are when provided in a home like setting, or in a facility licensed by DOH as either Crisis Stabilization Units or Crisis Triage ~~within available resources.~~ Authorization of payment is based on ~~financial~~ eligibility, ~~and~~ subject to medical necessity, and within available resources.

A. Certification of Services

1. Emergent Admission:
 - a. Emergent Referrals are those instances where the individual is referred for ~~Facility based~~ Crisis Stabilization ~~S~~services by one of the following:
 - i. Hospital Emergency Department ~~Physician~~
 - ii. Law Enforcement
 - iii. DCR
 - b. No Prior Authorization is required. Notification to SBH-ASO is required within 24 hours of admit.
 - c. Concurrent review is conducted within one (1) business day from receipt.

2. Concurrent/Continued Stay Review Requests:
 - a. ~~Prospective Prior~~ Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are limited to ~~three to five~~ ~~two to four~~ (2-43-5) days depending on medical necessity.
 - b. Concurrent/Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.
 - c. Concurrent/Continued Stay reviews will be completed within 72 hours.

Discharge Planning Standards

- A. Planning for discharge is expected to begin at admission.
- B. Prior to any planned discharge
 1. A referral to a behavioral health provider for outpatient services.
 - ~~A-2.~~ Information regarding available crisis services and community-based supports.
- CB. Prior to any unplanned discharge, the program shall review current risk and necessary supports.
 1. If significant risk is indicated, program staff shall request ongoing services to continue stabilization or a request for Mobile Crisis Outreach.—
 2. A referral to a behavioral health provider for outpatient services.
 3. Information regarding available crisis services and community-based supports.

~~The program will provide care coordination with the identified care professionals and natural supports upon discharge.~~



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: HIPAA BREACH NOTIFICATION REQUIREMENTS

Policy Number: [PS906](#)

Effective Date: [1/1/2020](#)

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

Breach notification regulations, issued in August 2009, implement section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act by requiring HIPAA Covered Entities and their Business Associates to provide notification following a breach of unsecured protected health information. The Salish Behavioral Health Administrative Services Organization (SBH-ASO) in an effort to be compliant with the Privacy Rules of Health Insurance Portability and Accountability Act's (HIPAA) Administrative Simplification provisions, sets out in this policy, rules regarding notification in the case of a breach.

POLICY

The SBH-ASO adheres to and requires its Business Associates to comply with HIPAA notice requirements to individuals whose unsecured PHI has been impermissibly accessed, acquired, used, or disclosed as well as the notification requirements to the U.S. Department of Health and Human Services. Additionally, the SBH-ASO complies with the HCA BH-ASO breach notification requirements.

DEFINITIONS

Breach: Any unauthorized acquisition, access, use, or disclosure of protected health information will be considered a breach unless the Covered Entity (CE) or Business Associate (BA) can show the chance of protected health information being compromised is low. The SBH-ASO will use the four factor aids listed to determine whether Protected Health Information (PHI) has been compromised to the extent necessary to be considered and reported as a breach.

1. the identity of the person to whom the PHI was disclosed to

2. if the PHI was acquired or viewed
3. the actual content of the PHI e.g. identifying factors
4. how the risk of disclosure of PHI has been mitigated

For the purposes of this definition “compromises the security or privacy of the protected health information” means that it poses a risk of financial, reputational, or other harm to the individual. A use or disclosure of protected health information that does not include the following identifiers does not compromise the security or privacy of the protected health information:

- Names
- Date of Birth
- Zip Code
- Postal address information, other than town or city, and State
- Telephone numbers
- Fax numbers
- Electronic mail addressee
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account number
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate number
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images

Breach excludes:

- Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of SBH-ASO, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under SBH-ASO HIPAA Privacy and Security policies.
- Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under SBH-ASO HIPAA Privacy and Security policies.
- A disclosure of protected health information where SBH-ASO has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Unsecured protected health information: means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111–5 on the HHS Web site, which is updated annually. The HHS Web site address for this guidance is: <https://www.hhs.gov/hipaa/for-professionals/breach-notification/guidance/index.html>.

POLICY

~~The SBH-ASO adheres to the HIPAA's notice requirements to individuals whose unsecured PHI has been impermissibly accessed, acquired, used, or disclosed as well as the notification requirements to the Office of Civil Rights. Additionally, the SBH-ASO complies with the HCA BH-ASO breach notification requirements.~~

PROCEDURE

1. **Discovery of a Breach:** Workforce members who believe an individual's PHI has used or disclosed in any way that compromises the security or privacy of that information will immediately notify the SBH-ASO Privacy Officer, verbally or in writing.

4.—Following a discovery of any potential breach, the SBH-ASO Privacy Officer shall begin a thorough investigation. If the PHI is determined to have been compromised to the extent of a breach, the SBH-ASO will notify each individual whose unsecured protected health information has been, or is reasonably believed by the covered entity to have been, accessed, acquired, used, or disclosed as a result of such breach.

A breach shall be treated as discovered the first day on which it is known, or if by exercising reasonable diligence it would have been known to any staff person of the SBH-ASO.

2. **Breach Investigation:** SBH-ASO Privacy Officer is responsible for the management of the HIPAA breach investigation and coordinating with SBH-ASO and Business Associate staff, as necessary. All SBH-ASO and Business Associate staff who were directly involved in the potential breach are expected to complete the SBH-ASO risk assessment, with the assistance of the SBH-ASO Privacy Officer as needed. As the principal investigator, the SBH-ASO Privacy Officer will be the facilitator of all breach notification processes.

3. Risk Assessment: For breach response and notification purposes, a breach is presumed to have occurred unless the SBH-ASO can demonstrate there is a low probability that the PHI has been compromised on, at a minimum, the following risk factors:

- a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification. Consider:
 - i. Social security or Provider One numbers
 - ii. Identifying clinical details, diagnosis, treatment, and medications
 - iii. Demographic information
- b. The unauthorized person who used the PHI or to whom the disclosure was made.
 - i. Does the unauthorized person have obligations to protect the PHI's privacy and security?
 - ii. Does the unauthorized person have the ability to re-identify the PHI?
- c. Whether the PHI was actually acquired or viewed.
 - i. Does analysis of a stolen and recovered device show that PHI stored on the device was never accessed?
- d. The extent to which the risk to the PHI has been mitigated.
 - i. Can the SBH-ASO obtain the unauthorized person's satisfactory assurances that the PHI will not be further used or disclosed and will be destroyed?

The evaluation should consider these factors, or more, in combination to determine the overall probability that PHI has been compromised. The risk assessment should be thorough and completed in good faith, and the conclusions should be reasonable.

Based on the outcome of the risk assessment, SBH-ASO Privacy Officer will determine the need to move forward with breach notification. The Privacy Officer must document the risk assessment and the outcome of the risk assessment process.

4. Notification – Health Care Authority: SBH-ASO shall notify the HCA of a compromise within five (5) business days of discovery. At HCA's request SBH-ASO will coordinate its investigation and notifications with HCA and the Office of the State of Washington Chief Information Officer (OCIO), as applicable. SBH-ASO shall notify HCA in writing within two (2) business days of determining notification must be sent to non-Medicaid individuals. At HCA's request SBH-ASO will provide draft Individual notification to HCA at least five (5) business days prior to notification and allow HCA an opportunity to review and comment on the notifications. If the SBH-ASO does not have full details regarding the potential breach, it will report what is available, and then provided full details within fifteen (15) business days of discovery.

5. Notification to Affected Individual(s): If it is determined that breach notification must be sent to affected individuals, a standard breach notification letter (as modified for the specific breach) will be sent to all affected individuals. The SBH-ASO also has the discretion to provide notification following an impermissible use or disclosure of PHI without performing a risk assessment, if deemed appropriate.

a. Content of Notification: Notice to affected individuals shall be written in plain language and must contain the following information:

- i. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
- ii. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
- iii. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
- iv. A brief description of what the covered entity involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and
- v. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

b. Timeliness of notification: Except when there is a law enforcement delay as described in section 8 below, Law Enforcement Delay, SBH-ASO shall provide the notification to the affected individual(s) without unreasonable delay, and in no case later than 60 calendar days after discovery of the breach.

c. Methods of notification: Written notification shall be provided by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail.

- i. In the case in which there is insufficient or out of date contact information that precludes written notification to the individual, a substitute form of notice reasonably calculated to reach the individual shall be provided:
 1. If there are fewer than 10 individuals for whom there is insufficient or out of date contact information the substitute notice may be provided by an alternative form of written notice, telephone, or other means.
 2. If there are 10 or more individuals for whom there is insufficient or out of date contact information for 10 or more individuals the substitute notice shall:

- Be in the form of either a conspicuous posting for a period of 90 days on the home page of the SBH-ASO Web site, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and
 - Include a toll-free phone number that remains active for at least 90 days where an individual can learn whether the individual's unsecured protected health information may be included in the breach.
- ii. If SBH-ASO determines that imminent misuse of unsecured protected health information is present and that disclosure to affected individuals is urgent, then SBH-ASO may provide information to individuals by telephone or other means, as appropriate, in addition to all other requirements in this policy.
 - iii. If the individual is deceased, the written notification shall be made to either the next of kin or personal representative if SBH-ASO has the address of the next of kin or personal representative, unless there is insufficient or out of date contact information for the next of kin or personal representative.
 - iv. When a breach of unsecured protected health information involves more than 500 individuals as long as the 500 affected individuals are all residents of the Washington State, SBH-ASO shall notify prominent media outlets serving affected residents, such as local newspapers, in addition to the individual notification as described in this policy.

6. Notification – U.S. Department of Health and Human Services: Following the discovery of a breach of unsecured protected health information, SBH-ASO shall notify the Secretary.

- a. If the breach involves 500 or more individuals, SBH-ASO shall provide notice to the Secretary at the same time as notice is provided to the affected individuals, and in the manner specified on the HHS Web site.
- b. If the breach involves less than 500 individuals, SBH-ASO shall maintain a log or other documentation of such breaches and, not later than 60 days after the end of each calendar year, notify the Secretary of the breaches occurring during the preceding calendar year, in the manner specified on the HHS Web site.
- c. The HHS Web site address for Instructions to notify the Secretary is: <https://www.hhs.gov/hipaa/for-professionals/breach-notification/guidance/index.html>. <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brin-struction.html>

~~1. Timeliness of notification: Except when there is a law enforcement delay as described in 6. Law Enforcement Delay of this procedure, SBH-ASO shall provide the~~

~~notification without unreasonable delay, and in no case later than 60 calendar days after discovery of the breach. SBH-SO shall also notify the HCA of a compromise or potential compromise within fifteen (15) business days of discovery.~~

~~2. Content of the Notification: All notifications shall include to the extent possible the following:~~

- ~~i. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;~~
- ~~ii. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);~~
- ~~iii. Any steps individuals should take to protect themselves from potential harm resulting from the breach;~~
- ~~iv. A brief description of what the covered entity involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and~~
- ~~v. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll free telephone number, an e-mail address, Web site, or postal address.~~

~~3. Methods of notification: Written notification shall be provided by first class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. The notification may be provided in one or more mailings as information is available.~~

~~a. In the case in which there is insufficient or out of date contact information that precludes written notification to the individual, a substitute form of notice reasonably calculated to reach the individual shall be provided:~~

~~i. If there are fewer than 10 individuals for whom there is insufficient or out of date contact information the substitute notice may be provided by an alternative form of written notice, telephone, or other means. ii. If there are 10 or more individuals for whom there is insufficient or out of date contact information for 10 or more individuals the substitute notice shall:~~

- ~~• Be in the form of either a conspicuous posting for a period of 90 days on the home page of the SBHO Web site, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and~~
- ~~• Include a toll-free phone number that remains active for at least 90 days where an individual can learn whether the individual's unsecured protected health information may be included in the breach.~~

~~b. If SBHO determines that imminent misuse of unsecured protected health information is present and that disclosure to affected individuals is urgent, then SBHO may provide information to individuals by telephone or other means, as appropriate, in addition to all other requirements in this policy.~~

~~c. If the individual is deceased, the written notification shall be made to either the next of kin or personal representative if SBHO has the address of the next of kin or personal representative, unless there is insufficient or out of date contact information for the next of kin or personal representative.~~

d. ~~When a breach of unsecured protected health information involves more than 500 individuals as long as the 500 affected individuals are all residents of the Washington State, SBHO shall notify prominent media outlets serving affected residents, such as local newspapers, in addition to the individual notification as described in this policy.~~

4. ~~Notification to the Secretary: Following the discovery of a breach of unsecured protected health information, SBHO shall notify the Secretary.~~

a. ~~If the breach involves 500 or more individuals, SBHO shall provide notice to the Secretary at the same time as notice is provided to the affected individuals, and in the manner specified on the HHS Web site.~~

b. ~~If the breach involves less than 500 individuals, SBHO shall maintain a log or other documentation of such breaches and, not later than 60 days after the end of each calendar year, notify the Secretary of the breaches occurring during the preceding calendar year, in the manner specified on the HHS Web site.~~

c. ~~The HHS Web site address for Instructions to notify the Secretary is: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>~~

~~5. Notification – by~~ **by a Business Associate (BA)**: Unless there is a law enforcement delay as described in this policy, the SBH-ASO requires that all network Contractors and

~~—~~ Subcontractors notify the SBH-ASO HIPAA-Privacy Officer in writing of a breach within five (5) business days of discovery, as well as two (2) business days after determining notifications must be sent to individuals. Such notice shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed by the business associate to have been accessed, acquired, used or disclosed during the breach. The BA shall provide SBH-ASO with any other available information that is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available. Upon notification by the BA of discovery of a breach, the BA will be responsible for notifying affected individuals, HHS, and HCA. immediately following the discovery of a breach of unsecured protected health information.

~~1. Notification shall include identification of each affected individual, as well as all information described in 2. Content of Notification.~~

~~7.~~

~~a. Network Contractors and Subcontractors who are covered entities, shall comply with all specifications described in this policy.~~

~~6-8.~~ **Law Enforcement Delay:** If a law enforcement official states to SBH-ASO that a notification, notice or posting required under this policy would impede a criminal investigation or cause damage to national security, SBH-ASO shall:

a. Delay such notification, notice, or posting for the time period specified by the official, as long as there is a written statement that specifies the time for which a delay is required.

b. If the official's communication regarding the criminal investigation or national security threat is made orally, SBH-ASO shall document the statement, include the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described above is submitted during that time.

~~b.~~ Monitoring of the above aforementioned Procedures is consistent with the SBH-ASO **Monitoring Policy.**



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: INDIVIDUAL PROTECTED HEALTH INFORMATION RIGHTS

Policy Number: PS907

Effective Date: 1/1/2020

Revision Dates:

Reviewed Date:

Executive Board Approval Dates:

PURPOSE

To ensure Individuals understand and can access their rights regarding their Protected Health Information (PHI).

POLICY

The Salish Behavioral Health Administrative Services Organization (SBH-ASO), in an effort to be compliant with the privacy rules of the Health Insurance Portability and Accountability Act's (HIPAA) Administrative Simplification provisions and 42 CFR Part 2, sets out in this policy, the individual rights regarding their protected health information.

These rights fall into six (6) general categories:

1. The right of adequate notice of:
 - a. Uses and disclosure of PHI that may be made by SBH-ASO
 - b. The individual's rights and SBH-ASO's legal duties with respect to the individual's PHI
2. The right to access PHI
3. The right to request amendment and/or correction of PHI
4. The right to request and receive an accounting of disclosures of PHI
5. The right to request restrictions on the use and/or disclosure of PHI
6. The right to request confidential communication

PROCEDURE

1. Adequate Notice

SBH-ASO recognizes that the most important individual right provision in the HIPAA regulations is the right to notification of SBH-ASO's privacy practices. This right affords individuals the opportunity to become aware of and understand how their PHI will be used and disclosed. This notice becomes the portal through which individuals are able to further access their information and to control the uses and disclosures of such information. SBH-ASO, in its efforts to meet compliance with these regulations, has developed its privacy notices to conform to the requirements as described in the regulations. Additionally, the Privacy Notice will be posted in the Region Office. The SBH-ASO Privacy Notice will be made available through the SBH-ASO providers, posting at the Region Office, and via the SBH-ASO website.

2. Access to PHI

- a. SBH-ASO considers all requests from our individuals, or previous individuals, for access to their PHI that is maintained in the designated record set and that is dated after April 14, 2003 (see policy on Designated Record Set, PS914). SBH-ASO will consider individual requests to either inspect or obtain a copy of their PHI for as long as their PHI is maintained in the designated record set.
- b. SBH-ASO will require that individuals make their request in writing. The request should address the following:
 - Identification of the specific PHI that the client wishes to access
 - The reason for their request (this is optional for the client)
 - Whether they wish to inspect or obtain copies of the PHI
 - Notification of the cost we will charge for copying and postage
 - Notification of their right to obtain a summary or explanation of their information, along with the cost of that service
- c. SBH-ASO will deny a client access to PHI, and that denial will not be subject to review, if the PHI requested is contained in:
 - Records or documents compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - The PHI is subject to the Federal Privacy Act.
 - The information was obtained under the promise of confidentiality from another person (not a healthcare provider), and the access requested would be reasonably likely to reveal the source of that information.
 - The information was created or obtained in the course of research that involves treatment when the individual agreed to the denial of access for the duration of the research (that includes treatment) when consenting to participate in the research, and the individual has been informed that access will be reinstated upon completion of the

research.

- An inmate requests a copy of PHI and it is determined that such a copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or other inmates or the safety of an officer or other person responsible for transporting the inmate. SBH-ASO will provide an inmate with the right to inspect his PHI unless other grounds for denial exist.
- d. SBH-ASO will deny access to any PHI that a licensed healthcare professional determines:
- Exercising professional judgment is reasonably likely to endanger the life or physical safety of the individual or another person.
 - Exercising professional judgment, makes reference to another person (not a health care provider), and access is reasonably likely to cause substantial harm to that other person.
 - Has been requested by a personal representative, and access by that person is reasonably likely to cause substantial harm to the individual or another person.
- e. When denying a individual access for any of these three reasons, these denials will be subject to review as described below. In addition, if access to the entire record is denied and the individual requests a review of the decision, SBH-ASO will make the entire record available to the individual's attorney, with the consent of the individual, or to a psychotherapist designated by the individual.
- f. It is SBH-ASO's policy to deny individuals access to their PHI only infrequently and in unusual circumstances and, when access is denied, it must be for one of the reasons listed above. Furthermore, SBH-ASO will provide access, to the extent possible, to any other requested PHI that is not part of the PHI to which access has been denied.
- g. When an individual has been denied access for one of the reasons that is subject to review, it will be SBH-ASO's policy to respond in writing giving the basis for denial in plain language within the time period set forth below. SBH-ASO will also inform the individual of their right to request a review of the denial of access and provide a description of how the individual may file a complaint with us or with the Secretary of DHHS.
- h. In any case where the individual requests a review, SBH-ASO will promptly refer the denial to another licensed healthcare professional, who has not been directly involved in the denial, for their review. SBH-ASO will also promptly inform the individual, in writing, if the reviewer upholds the denial. In those cases where the reviewer permits access, the individual will be informed.
- i. When SBH-ASO has agreed to grant access to PHI, the individual will be notified and arrangements made to do so within thirty (30) days from the

date of the request. Should the PHI requested be maintained off-site, SBH-ASO can take longer to respond, but no more than sixty (60) days from the date of the request. In either case, SBH-ASO can obtain a single, thirty (30) day extension of time in those rare cases where we are unable to respond in the initial time period. SBH-ASO will notify the individual of the reasons for delay and the date of completion by means of a written statement.

- j. When SBH-ASO has agreed to inspection of the designated record set, SBH-ASO will arrange a mutually agreeable time and place for the inspection.
- k. When SBH-ASO has agreed to provide copies of the requested PHI, SBH-ASO will confer with the individual and determine their preference for the media in which to receive it – paper or electronic (where available). If SBH-ASO cannot agree on how the PHI will be produced, then SBH-ASO will produce the PHI in readable hard copy.
- l. SBH-ASO will charge a fee for copying the material and for postage, if the copies are to be mailed, and the individual will be notified of that charge prior to SBH-ASO copying the material. However, if the individual is requesting the PHI for the purpose of supporting a claim or appeal under the Social Security Act or any federal or state financial need-based benefit program, SBH-ASO will furnish the PHI within thirty (30) days of the request at no charge to the individual.
- m. It will be SBH-ASO's policy to charge for the cost of making the copies (both the labor and machine and paper cost), but we will not include in our charges the cost of the retrieval and handling of information, nor will we charge for the costs of processing the request.
- n. SBH-ASO will provide summaries of PHI in those cases where the individual has requested them. SBH-ASO will charge for the costs associated with producing the summary, and the individual will be notified of that charge prior to completing the summary.
- o. In those cases where SBH-ASO receives a request for PHI that SBH-ASO does not maintain, but know where it is maintained, the individual will be informed of the location of the PHI.

3. Amendment/Correction

- a. SBH-ASO will consider all requests from individuals, or former individuals, to amend their PHI that is maintained in a designated record set for as long as it is maintained at the Region Office. SBH-ASO requires that all requests for amendment be in writing, and to include the reason for the amendment. SBH-ASO will notify our individuals of our policies for requesting amendments in our Privacy Notice.
- b. SBH-ASO will respond to requests for amendment within thirty (30) days from the date of the request. Should, in rare circumstances, SBH-ASO be

unable to respond within thirty (30) days, the individual will be notified prior to the expiration of the thirty (30) day period, in writing, and provided the reason that additional time is needed and given a date (no more than 30 days beyond the original 30 days) by which the individual can expect action on their request be completed.

- 1) In those instances where SBH-ASO grants the request for amendment, the following steps will be completed:
 - Inform the individual in writing
 - Obtain their agreement about the list of people or organizations that they, and you, believe should be informed of the amendment
 - Notify the list identified above of the amendment (Note: SBH-ASO will identify anyone who may have relied upon the subject PHI in the past, or who might reasonably be expected to rely upon it in the future and attempt to obtain agreement from the individual about their notification.)
- 2) In those instances where SBH-ASO denies the request for amendment, the following steps will be completed:
 - Provide the individual with a written denial that is in plain language and that:
 - a) Contains the basis for the denial
 - b) The notification that the individual has the right to provide a written statement disagreeing with the denial and how they might file such a statement.
 - Describe to the individual the procedure for filing a complaint either with:
 - a) DHHS or
 - b) with the person or office in our organization who is responsible for receiving complaints, including their name or title and their telephone number
 - Inform the individual that they may file a statement of disagreement with the SBH-ASO denial that does not exceed two hundred and fifty (250) words.
 - Inform the individual that they may request, should they not file a statement of disagreement, that their request for amendment and the related denial be attached to all future disclosures of the subject PHI.
- c. SBH-ASO will prepare rebuttals in those instances where a licensed healthcare professional determines that a rebuttal is necessary to add clarity to the other material created around this request for amendment.
- d. Designated Record Set

It is the SBH-ASO policy to take the following actions with respect to the designated record set in amendment situations:

- 1) When the amendment request has been granted:
 - Identify the subject PHI in the designated record set; and
 - Append the amendment to the PHI or
 - Provide a link to the location in the file of the amendment.
- 2) When the amendment request has been denied and the client requests it:
 - Identify the subject PHI in the designated record set; and
 - Append the request for amendment and the denial to the PHI or
 - Provide a link to the location in the file of the request and the denial.
- 3) When the amendment request has been denied and the client has filed a statement of disagreement and we have or have not prepared a rebuttal:
 - Identify the subject PHI in the designated record set; and
 - Append the request for amendment, the denial, the statement of disagreement, and, if prepared, our rebuttal to the PHI or
 - Provide a link to the location in the file of all of the items listed in b.

4. Accounting of Disclosures

- a. SBH-ASO will consider all requests from individuals, or former individuals, to receive an accounting of certain disclosures of their PHI that have occurred in the six (6) year period prior to their request, or from the effective date of the Privacy Rule, whichever is shorter. SBH-ASO requires that all requests for an accounting be in writing. SBH-ASO will notify individuals of policies for requesting an accounting in the SBH-ASO Privacy Notice.
- b. SBH-ASO will respond to requests for an accounting within thirty (30) days from the date of the request. Should, in rare circumstances, SBH-ASO be unable to respond within thirty (30) days, the individual will be notified, in writing during the initial thirty (30) day period, and provided with the reason(s) additional time is needed and given the date (no more than 30 days beyond the original 30 days) by which the individual can expect action on their request be completed.
- c. SBH-ASO will account for all uses and disclosures of our individuals' PHI except for those in the following categories:
 - 1) Disclosures made to the individual
 - 2) Disclosures made to carry out treatment, payment, or operations
 - 3) Disclosures made to persons involved in the client's care (relatives

- and/or friends)
- 4) Disclosures made for notification purposes to family or personal representatives
 - 5) Disclosures for national security or intelligence purposes
 - 6) Disclosure to correctional institutions or law enforcement officials when the client is an inmate
- d. In those situations where SBH-ASO has made disclosures to a health oversight or law enforcement agency as permitted and, the agency has provided SBH-ASO with a written statement that inclusion of such disclosures would be reasonably likely to impede with their activities and, the agency has provided a specific time period, our policy will be to exclude those disclosures from any accounting requested by the subject individual. At the end of that period, the SBH-ASO policy will be to include any disclosures made to the agency during that period in any future accountings.
- e. Should the health oversight or law enforcement agency provide SBH-ASO with an oral statement that a disclosure would be reasonably likely to impede their activities, the SBH-ASO policy will be to withhold disclosures for a 30-day period after which SBH-ASO will include the disclosures in requested accountings unless a written statement requesting a longer time period has been provided during the 30-day period.
- 1) The SBH-ASO policy will be to include the following items in every accounting:
 - The date of the disclosure
 - The name and address of the person or organization receiving the PHI
 - A brief description of the PHI disclosed
 - A brief statement that reasonably informs the client of the purpose for the disclosure
- f. SBH-ASO's policy with respect to multiple disclosures of a individual's PHI to the same person or entity for the same purpose will be to present all of the information listed above for the first disclosure in the accounting period. In addition, SBH-ASO will present the frequency, periodicity, or number of disclosures made during the accounting period and the date of the most recent disclosure.
- g. SBH-ASO will provide the first accounting in each twelve (12) month period, beginning with the individual's first request for an accounting, at no charge. Any additional request for accounting from the same individual during their twelve (12) month period will be made subject to the individual's agreement to pay a reasonable, cost-based fee for the additional accounting. SBH-ASO will inform the individual of the fee and obtain their written agreement to pay the fee prior to preparing the

accounting. SBH-ASO will offer the individual an opportunity to withdraw or modify their request in order to avoid or reduce the fee.

5. Restrictions

- a. SBH-ASO will consider an individual's request for restriction of the uses and disclosures that SBH-ASO makes for purposes of treatment, payment, and operations. SBH-ASO will require individuals make their request in writing. SBH-ASO will discuss with the individual the potential difficulties that are inherent in the restrictions that the individual requests.
- b. SBH-ASO will document the request and, ultimately, whether the restriction has been granted to the individual. While SBH-ASO is not required by the Privacy Rule to agree to individual-requested restrictions, SBH-ASO will grant those restrictions that SBH-ASO believes, in its judgment, to be in the best interests of individuals.
- c. SBH-ASO will abide by all of the restrictions that are granted, except as described below.
 - 1) When the individual is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, SBH-ASO policy will be to make disclosure of the PHI that is required for treatment and to send along with the PHI the requirement that there be no further uses or disclosures of the restricted PHI. In non-emergency situations, when we receive a request for PHI that is restricted but required for appropriate treatment, SBH-ASO will discuss with the individual the need to send the PHI and attempt to obtain their agreement. The individual's agreement should be documented by a note in their record.
- d. In any case where SBH-ASO believes the individual's restriction can no longer be honored, SBH-ASO will terminate the restriction. It will be SBH-ASO's policy to discuss the change of circumstance with the individual and ask for their agreement and to document that agreement in the record.
- e. Should the individual refuse to agree to the termination of the restriction, SBH-ASO will implement a unilateral termination. This will also be documented in the record. The PHI that SBH-ASO created or received during the term of the restriction will be flagged to assure that futures uses and disclosures of it are made in accordance with the restrictions in place for that period.

6. Confidential Communications

- a. SBH-ASO will consider an individual's written request for confidential communications upon request for same. SBH-ASO will document the alternative information and the approval. Documentation will be placed in the record or noted in an electronic database. SBH-ASO will grant reasonable requests. Reasonableness will be judged by the administrative

difficulty of complying with the request.

- b. SBH-ASO will not ask the individual to explain why they wish to have SBH-ASO communicate with them by alternative means or to alternative locations.
- c. SBH-ASO will not comply with the individual's request unless they have provided SBH-ASO with complete information to enable us to communicate with them, i.e., a complete address or other method of contact.
- d. SBH-ASO will provide adequate notice of the request to those employees who may need to contact the individual by flagging the record and, where possible, other databases.

7. Important Note about Part 2 Information

- a) Federal law does not prohibit the SBH-ASO or any program covered by Part 2 from giving an Individual access to PHI about the Individual.
- b) Any Part 2 Information that is being accessed should be accompanied by one (1) of the following notices:

Notice

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The federal rules restrict use of this information to initiate or substantiate any criminal charges against the individual who is the subject of the information or to conduct any criminal investigation of an individual. This restriction on use prohibits, among other things, the introduction of that information as evidence in a criminal proceeding and any other use of the information to investigate or prosecute the individual with respect to a suspected crime. This restriction applies to any person who obtains information from a federally assisted alcohol or drug abuse program.

OR

42 CFR Part 2 prohibits unauthorized disclosure of these records.

- 3) The restriction on the use of Part 2 Information to initiate or substantiate any criminal charges against an Individual or to conduct a criminal investigation of an Individual applies to any person who obtains Part 2 Information from a Part 2 Program, regardless of the status of the person or whether the Part 2 Information was obtained in compliance with Part 2. This restriction on use bars, among

other things, introduction of Part 2 Information as evidence in a criminal proceeding and any other use of the Part 2 Information to investigate or prosecute an Individual with respect to a suspected crime.