



Supplemental Provider Service Guide

North Sound Behavioral Health Administrative Services Organization
(North Sound BH-ASO)

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INTRODUCTION

Welcome

We are pleased that you have chosen to participate in our network of dedicated providers and share in our organization's mission to deliver accessible behavioral health care services which meet the needs and improve the health of our communities.

This North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Supplemental Provider Service Guide (SPSG) serves as a provider resource, and is inclusive of this document and all other applicable North Sound BH-ASO manuals, policies and procedures, and documents referred to within the SPSG. The SPSG is reviewed and updated annually as applicable and includes: information and guidance related to Compliance Program requirements, the Credentialing and Re-Credentialing process, Utilization Management (UM), Claims and Encounter data submissions, Reimbursement Policies, Statements of Work, and North Sound BH-ASO Provider Directories. The 2024 North Sound BH-ASO SPSG includes relevant revisions, as well as any new information. North Sound BH-ASO policies and procedures, and other information and resources are available at <https://www.nsbhaso.org>.

History

The North Sound Regional Support Network (NSRSN) began operations on January 1, 1991 dba as the North Sound Mental Health Administration (NSMHA). On April 1, 2016 NSMHA transitioned into a Behavioral Health Organization (BHO) to comport with state law and begin contracting for substance use disorders services. On July 1, 2019 the BHO did convert to an Administrative Services Organization (ASO). The North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) is governed by an Interlocal Operating Agreement between Island, San Juan, Skagit, Snohomish and Whatcom counties which define the geographic service area of the North Sound Region. The North Sound BH-ASO contracts with the Health Care Authority (HCA) of the State of Washington and Apple Health Plans to provide public behavioral health services for these five counties (North Sound Region).

North Sound BH-ASO is governed by a Board of Directors comprised of elected officials or their designated alternates, the Chair and Vice-Chair of the Regional Advisory Board, and representatives of the 8 Tribal sovereign nations within the North Sound Region. According to the terms of the Interlocal Agreement, Board of Director votes are divided as follows:

• Snohomish County – 4	• Island - 1
• Whatcom County - 2	• San Juan -1
• Skagit County – 1	• Tribes – 1 (ex-officio)
• North Sound BH-ASO Advisory Board – 2 (ex-officio)	

The Five Counties of the North Sound BH-ASO Region

The five counties of Island, San Juan, Skagit, Snohomish and Whatcom represent the geographic, economic, and cultural diversity of Washington State as a whole.

Snohomish County

Covers 2,196 square miles with a population estimated at 859,800 as of 2023, Snohomish County borders Puget Sound on the west and includes the Cascade Range in the east. It includes several suburban communities such as Bothell and Lynnwood with easy access to Seattle, as well as highly isolated rural communities such as Darrington and Index. Everett is the largest city in Snohomish County as well as the county seat, and also supplies the Boeing Company with tens of thousands of workers. Snohomish County is named for the Snohomish people of the Lushootseed Native American tribe.

Skagit County

To the north of Snohomish County, Skagit County is both smaller in size and less densely populated than its southern neighbor. Skagit County covers 1,920 square miles, much of which is farmland. The broad, fertile valley of the Skagit River runs through the county, which cultivates tulips and strawberries. Mount Vernon is the largest city and county seat. As of 2023 the population of Skagit County was 132,000.

Whatcom County

To the north of Skagit lies Whatcom County, which abuts Canada to the north. The population of Whatcom County was estimated to be 235,800 in 2023, spread among its 2,503 square miles, making it the geographically largest of the five counties. Whatcom is the home to Western Washington State University, the northernmost university in the contiguous United States. The campus is housed in Bellingham, which is also the largest city and county seat.

Island County

As its name suggests, Island County is comprised entirely of islands. The two largest are Whidbey and Camano. Both the county seat of Coupeville and largest city, Oak Harbor, are on Whidbey, which is accessed by regular ferry service as well as by bridge over Deception Pass. Island County covers 517 square miles and has a population that as of 2023 was estimated at 88,150.

San Juan County

Composed of a population of only 18,350 according to a 2023 estimate, the county's residents are spread over 754 small islands and rocks in the San Juan Island chain. Friday Harbor is the county seat, a logical choice since it is also the only incorporated town in the San Juan Islands. Orcas, San Juan, and Lopez are the largest of the many islands in San Juan County. While San Juan County as a whole has the highest per capita income in the state of Washington, isolated areas such as Waldron Island remain extremely poor, with by one estimate over half of its population living below the poverty line.

Mission, Vision, & Values

The North Sound BH-ASO:

An organization of dedicated individuals charged with overseeing publicly funded behavioral health services in the North Sound Region. Our job is to ensure that services are person centered, recovery oriented and delivered with dignity and respect to each unique individual we serve. To that end, we work to accomplish our mission, be true to our vision and keep our values in the forefront of all our business deliberations and decisions.

Mission:

Empowering individuals and families to improve their health and well-being.

Vision:

A system of care that is shaped by the voices of our communities and people using behavioral health services. The people who work in this system are competent, compassionate, empowering and supportive of personal health and wellness.

Values:

- ✓ Integrity: We nurture an environment of transparency, trust and accountability
- ✓ Collaboration: We believe every voice matters
- ✓ Respect: We accept and appreciate everyone we encounter
- ✓ Excellence: We strive to be the best in everything we do
- ✓ Innovation: We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable
- ✓ Culture: We endeavor to be culturally educated and responsive
- ✓ Social Equity: We commit to working to reduce institutionalized racism and reduce disparities in health care.

ADDRESSES AND PHONE NUMBERS

Communication and Availability to Individuals and Providers

North Sound Toll Free Regional Crisis Line (RCL) is available to individuals and providers 24 hours a day, seven days a week at (800) 584-3578. North Sound BH-ASO offers TTY/TDD services for individuals who are deaf, hard of hearing, or speech impaired. Language assistance is also always available.

North Sound BH-ASO staff is accessible at (888) 684-3555 during normal business hours, from 8:00 a.m. to 5:00 p.m. Monday – Friday excluding holidays for information & referral and authorization/coordination of care. When initiating, receiving, or returning calls the UM staff will identify the organization, their name and title.

During business hours North Sound BH-ASO staff is available for inbound and outbound calls triaged by designated staff.

General Contact Information

North Sound BH-ASO 2021 E. College Way, Suite 101 Mount Vernon, WA 98273 P: 360.416.7013 800.684.3555 F: 360.899.4754
Fiscal 360.416.7013 Ext. 652
Claims 360.306.5368 or cis@nsbhaso.org
Compliance 360.419.5617 800.684.3555

Chapter One

ADVISORY BOARD

The purpose of the North Sound Behavioral Health Advisory Board is set forth in its bylaws, the North Sound BH-ASO contract with the Health Care Authority (HCA), the Interlocal Agreement, and as mandated by law Revised Code of Washington (RCW) 71.24.300 and Washington Administrative Code (WAC) 182-538C-252. An extrapolation of these documents indicates that the Advisory Board’s primary responsibility is to provide independent and objective advice and feedback to the North Sound BH-ASO Board of Directors, local jurisdictions (County Advisory Boards) and service providers.

The North Sound Behavioral Health Advisory Board was established in October of 1989 with the creation of the five-county behavioral health consortium (North Sound BH-ASO) and in compliance with the provisions of RCW 39.34.030, RCW 71.24, and Chapter 205, Section 5, Laws of 1989. The membership of the Advisory Board is representative of the following:

- Representative of the geographic and demographic mix of service population
- Have at least fifty one percent (51%) of the membership be persons with lived experience, parents or legal guardians of person with lived experience and/or self-identified as a person in recovery from a behavioral health disorder
- Law enforcement representation
- County representation
- Tribal representation
- When the BH-ASO is not a function of county government, the Advisory Board must include no more than four elected officials
- Advisory Board may have members who are employees of subcontracted agencies, as long as there are written rules that address potential conflicts of interest. Three-year term limit, multiple terms may be served, based on rules set by the Advisory Board

The 26-member North Sound BH-ASO Advisory Board consists of delegates from each county as follows:

San Juan County	3 delegates
Island County	4 delegates
Skagit County	4 delegates
Snohomish County	9 delegates
Whatcom County	6 delegates
	County Subtotal 26
Tribes	8 delegates
	Advisory Board Total 34

The principal responsibility of the North Sound BH-ASO Advisory Board, as prescribed by law, is to review and provide comment on plans and policies drafted by the governing body of the North Sound BH-ASO. The Advisory Board is empowered by the North Sound BH-ASO and the Behavioral Health Division of HCA to:

- Solicit and use the input of individuals with mental health and/or substance disorder to improve the behavioral health services delivery in the region
- Provide quality improvement feedback to key stakeholders and other interested parties defined by HCA. North Sound BH-ASO shall document the activities and provide to HCA upon request; and
- Approve the annual Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG) plans for the region

Other Policies and Procedures related to this section:

- Policy #4514.00 *Advisory Board Functions* (click [here](#))
- Policy #4515.00 *Advisory Board Representation* (click [here](#))

Chapter Two

ADMINISTRATIVE FUNCTIONS

Section 2.1: **Service Eligibility**

All individuals in the North Sound BH-ASO's Regional Service Area (RSA) regardless of insurance status, ability to pay, county of residence, or level of income are eligible to receive medically necessary Behavioral Health Crisis Services, and services related to the administration of the Involuntary Treatment Act (ITA) and Involuntary Commitment Act (Chapters 71.05 and 71.34 RCW).

The North Sound BH-ASO has discretion on the use of funds for the provision of non-crisis behavioral health services including crisis stabilization and voluntary Behavioral Health admissions for Individuals in the RSA who are not eligible for Behavioral Health Medicaid funding and/or do not have third party insurance.

As defined below, certain populations have priority to receive services.

Meeting the eligibility requirements does not guarantee the Individual will receive a non-crisis behavioral health service. Services other than Behavioral Health Crisis Services and ITA-related services are contingent upon available General Funds State (GFS) and Federal Block Grant (FBG) resources as managed by the North Sound BH-ASO.

To be eligible for any non-crisis Behavioral Health service under this Contract, an individual must meet the financial eligibility criteria and the clinical or program eligibility criteria for the GFS and FBG funded service:

- Individuals who do not qualify for Behavioral Health Medicaid funding and have income up to two hundred twenty percent (220%) of the federal poverty level meet the financial eligibility for all of the GFS services.
- For services in which medical necessity criteria applies, all services must be medically necessary.
- Appointment wait time standards must be met, as prescribed by HCA.

Provider will provide updates when an individual's funding source changes.

Other Policies and Procedures related to this section:

- Policy #3045.00 *Eligibility Verification* (click [here](#))

Section 2.1.1: **Spenddown for Qualifying Expenses**

Spenddown for qualifying medical expenses (voluntary and involuntary inpatient, crisis stabilization and crisis residential stays) with State Funds for incurred costs. Health Care Authority (HCA) designates and approves the North Sound BH-ASO as a public program as described in WAC 182-519-0110(9). Qualified expenses paid by the North Sound BH-ASO shall be used to reduce an individual's spenddown liability.

Individuals must meet financial eligibility, must incur medical expenses in the amount of spenddown liability determined by HCA staff before coverage is made active in Provider One, and must not have insurance coverage, with the exclusion of Medicare, for services used to meet the spenddown liability. HCA is responsible to enter medical expenses when documentation is received. Once the expenses equal or exceed the spenddown amount, HCA sends a notice to Provider One to open the eligibility segment for the appropriate base period.

Responsible Parties: Facility and North Sound BH-ASO UM clinician
Activity:

1. Identification and authorization
 - a. Provider/Facility representative seeks authorization for services within required timeframes.
 - b. North Sound BH-ASO UM clinician confirms eligibility criteria for service(s), provides authorization for service.

Responsible Party: Provider/Facility
Activity:

2. Report of spenddown, confirmation and payment
 - a. Provider collects required financial information during the treatment episode, to include income, income source and number of supported individuals in the household.
 - b. Provider/Facility reports the Individual's incurred costs that count toward the spenddown amount .
 - c. Facility confirms Medicaid assignment after spenddown processing.
 - d. Facility submits invoices for payment of the agreed spenddown amount to the North Sound BH-ASO monthly.

*Fax documentation of incurred medical expenses to the statewide fax number 1-888-338-7410. Providers with authorization from the individuals may call 1-877-501-2233 to inquire about status and/or request urgent processing. If urgent medical need is required, processing occurs within two business days or less. Regular processing is completed with 2 business days.

Responsible Party: North Sound BH-ASO Management
Activity:

3. Review invoice and submit for payment.

Responsible Party: North Sound BH-ASO Fiscal Team
Activity:

4. Tracking and Reporting
 - a. Track spenddown amounts by individual and facility.
 - b. Report expenses on the R&E with a note stating the total amount spent.

Substance Abuse Block Grant (SABG) - Priority Population Considerations

As defined in Contract, certain populations have priority to receive services.

For Substance Abuse Block Grant (SABG) services:

SABG services shall be provided in the following priority order to:

- Pregnant injecting drug users.
- Pregnant substance users.
- Women with dependent children.
- Injecting drug users.

The following are additional priority populations for SABG services, in no particular order:

- Postpartum women up to one (1) year, regardless of pregnancy outcome).
- Individuals transitioning from residential care to outpatient care.
- Youth.
- Offenders.

For non-crisis behavioral health services funded by GFS:

The Provider shall provide non-crisis Behavioral Health services funded by GFS, within Available Resources, to Individuals who meet financial eligibility standards and meet one of the following criteria:

- Are uninsured;
- Have insurance, but are unable to pay the co-pay or deductible for services;
- Are using excessive Crisis Services due to inability to access non-crisis behavioral health services; and
- 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 (SUD).

The North Sound BH-ASO will implement protocols for maintaining Waiting Lists and providing Interim Services for Individuals of SABG priority populations, who are eligible but for whom SUD treatment services are not available due to limitations in provider capacity or Available Resources.

Access to SABG Services

The Provider shall, within Available Resources, ensure that SABG services are not denied to any eligible Individuals regardless of:

- The Individual's drug(s) of choice.
- The fact that an Individual is taking medically prescribed medications.
- The fact that an Individual is using over the counter nicotine cessation medications or actively participating in a nicotine replacement therapy regimen.

The Provider shall, as required by the SABG, ensure Interim Services are provided for Pregnant and Post-partum Women and Individuals Using Intravenous Drugs.

- Interim Services shall be made available within forty-eight (48) hours of seeking treatment.
- The Provider shall document the provision of Interim Services. Interim Services shall include, at a minimum:
 - Counseling on the effects of alcohol and drug use on the fetus for pregnant women.
 - Referral for prenatal care.
 - Human immunodeficiency virus (HIV) and tuberculosis (TB) education.
 - TB treatment services if necessary Individual Use of Intravenous Drug (IUID).

Admission to treatment services for the intravenous drug user shall be provided within fourteen (14) days after the Individual makes the request, regardless of funding source.

If there is no treatment capacity within fourteen (14) days of the initial Individual request, the Provider shall have up to one hundred twenty (120) days after the date of such request to admit the Individual into treatment. The Provider shall offer or refer the Individual to Interim Services within forty-eight (48) hours of the initial request for treatment services.

A pregnant woman who is unable to access residential treatment due to lack of capacity and is in need of detoxification, can be referred to a Chemical Using Pregnant (CUP) program for admission, typically within twenty-four (24) hours.

The expected utilization of services, the characteristics and health care needs of the population, the number and types of providers (training, experience and specialization)

able to furnish services, and the geographic location of providers and individuals (including distance, travel time, means of transportation ordinarily used by Individuals, and whether the location is ADA accessible) for all North Sound BH-ASO funded behavioral health programs and services based on Available Resources.

The anticipated needs of priority populations identified in the Contract.

The Provider shall:

- Ensure that all services and activities provided under the Contract are designed and delivered in a manner sensitive to the needs of the diverse population; and
- Initiate actions to develop or improve access, retention, and cultural relevance of treatment, relapse prevention or other appropriate services, for ethnic minorities and other diverse populations in need of services under the Contract as identified in their needs assessment.

For Pregnant and Parenting Women (PPW) Housing Supports:

The purpose of this agreement is to provide housing support services for women who are pregnant, post-partum, or parenting, and their children, in drug and alcohol-free residences for up to eighteen (18) months. Housing Support Services are classified as support services rather than treatment services.

Provider must provide adequate staffing and appropriate treatment services for Pregnant, Post-Partum, or Parenting Women (PPW) as outlined below and in compliance with laws and regulations governing the operation of a PPW Center.

Target Population:

The Provider shall ensure individuals are eligible for housing support services, five (5) days per week, based on the following criteria. If they are:

- a. PPW with (children aged 17 and under) at the time they enter housing support services;
 - i. Pregnant includes any stage of gestation; and
 - ii. Post-Partum includes up to one (1) year, regardless of the outcome of pregnancy or placement of children.
- b. Currently participating in outpatient treatment for chemical dependency (CD) or have completed residential or outpatient substance use disorder (SUD) treatment within the last 12 months;
 - i. At or below 220% of the Federal Poverty Level (FPL) or on Medicaid at the time they enter transition housing; and

- ii. Not actively involved in using alcohol and other drugs.

Housing Support Eligibility:

The Provider shall ensure individuals are eligible for housing support services, five (5) days per week, based on the following criteria. If they are:

- a. PPW with (children aged 17 and under) at the time they enter housing support services;
- b. Pregnant includes any stage of gestation;
- c. Post-Partum includes up to one (1) year, regardless of the outcome of pregnancy or placement of children;
- d. Currently participating in outpatient treatment for CD or have completed residential or outpatient SUD treatment within the last 12 months;
- e. At or below 220% of the FPL or on Medicaid at the time they enter transition housing; and
- f. Not actively involved in using alcohol and other drugs.

Other Policies and Procedures related to this section:

- Policy #3055.00 *State General Funds & Federal Block Grant Allocation Plan* (click [here](#))
- Policy #1590.00 *Substance Abuse Block Grant (SABG) Priority Populations and Waiting Lists* (click [here](#))
- Policy #1593.00 *Substance Use Disorder (SUD) Interim Services* (click [here](#))
- Policy #1598.00 *Alien Emergency Medical (AEM) Prior Authorization Notification* (click [here](#))

Deliverables related to this section:

- Capacity Management Quarterly Report (click [here](#))
- PPW Housing Supports Monthly Report (click [here](#))
- Opioid Outreach Services Monthly Report (click [here](#))

Section 2.2: **Medicaid Eligibility**

Medicaid Eligibility Verification

The contractual agreement between Providers and North Sound BH-ASO places the responsibility for Medicaid eligibility verification on the Provider of services.

Providers who contract with North Sound BH-ASO will verify an individual's eligibility by checking the following:

1. Identification Cards: An individual determined to be eligible for medical assistance is issued a ProviderOne Services Card by the Health Care Authority (HCA) with a unique Identifier, once upon enrollment.
2. Providers must check individual eligibility at each visit and should make note of the following information:
 - a. Eligibility dates (be sure to check for the current month and year)
 - b. The other specific coverage plan information (e.g., Medicare, Apple Health, FIMC, BHSO, etc.).
3. Medical assistance program coverage is not transferable. If you suspect a Member has presented a ProviderOne (Services Card) belonging to someone else, you should request to see a photo ID or another form of identification. To report suspected fraud, call the Medicaid Fraud Hotline at (800) 562-6906. Do not accept a Services Card that appears to have been altered.
4. Providers may use a Medical Eligibility Verification (MEV) service. Some MEV services provide access to online Medicaid Member eligibility data and can be purchased through approved HCA vendors. MEV services provide eligibility information for billing purposes, such as:
 - a. Eligibility status
 - b. Plan enrollment and plan name
5. HCA updates the MEV vendor list as new vendors develop MEV services. For more information and a current list of HCA vendors, please call (800) 562-3022.
6. Providers can also access eligibility information for individuals free of charge using the ProviderOne online service and the individual's Services Card ID number or name and date of birth. In order to access eligibility on the website you must register online and complete an application. Online enrollment information can be found at: <https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-security>

Other Policies and Procedures related to this section:

- Policy #3045.00 *Eligibility Verification* (click [here](#))
- Policy #3051.00 *Mid-Month Eligibility Changes* (click [here](#))

Section 2.3: **Individual Rights**

North Sound BH-ASO individual rights include all rights as designated by the WAC 388-472-0010 and 246-341-0600, or its successor.

General rights that apply to all individuals, regardless of whether an individual is or is not a Medicaid recipient, include:

1. All applicable statutory and constitutional rights;
2. The participant rights provided under WAC 246-341-0600; and
3. Applicable necessary supplemental accommodation services in chapter WAC 388-472-0010.

For both individuals not enrolled/enrolled in Medicaid the following rights apply: WAC [388-472-0010](#) and [246-341-0600](#).

Each agency licensed by the department 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 chapters 71.05, 71.12 and 71.34. In addition, the agency must develop a general statement of individual participant rights.

Other Policies and Procedures related to this section:

- Policy #1023.00 *Individual Rights* (click [here](#))

Section 2.4 **Medical Necessity**

The Provider shall collect all information necessary for North Sound BH-ASO to make any medical necessity determinations as defined in WAC 182-500-0070.

- North Sound BH-ASO will review medical necessity for applicable services requested.
- Medical Necessity for Mental Health Services is based on the presence of a covered *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) mental health diagnosis following the initiation of the intake evaluation and level of care indicated.
- Medical Necessity for Substance Use Disorder (SUD) Treatment Services is based on the presence of a DSM-5 substance related diagnosis and application of the *American Society of Addiction Medicine* (ASAM) criteria following an Assessment.

Other Policies and Procedures related to this section:

- Policy 1594.00 *Utilization Management*, or other related UM policies (click [here](#))

Section 2.5: **Tuberculosis Screening, Testing and Referral**

For services funded by SABG the following is available:

- Tuberculosis Screening, Testing and Referral (42 U.S. Code 300x-24(a) and 45 Code of Federal Regulations [CFR] 96.127)

From 42 U.S.C. 300x-24(a): The Provider must directly or through arrangements with other public entities, make tuberculosis services available to each Individual receiving SABG-funded SUD treatment. Tuberculosis services, with respect to an individual, means:

- Counseling the individual with respect to tuberculosis;
- Testing to determine whether the individual has contracted such disease and testing to determine the form of treatment for the disease that is appropriate for the individual; and
- Providing such treatment to the individual.

In the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual, will refer the individual to another provider of [tuberculosis services](#).

From 45 CFR 96.127 Requirements regarding tuberculosis: The Provider will implement infection control procedures established by the [principal agency](#) of a [State](#) for [substance abuse](#), in cooperation with the [State Department](#) of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

- Screening of patients;
 - Identification of those individuals who are at high risk of becoming infected; and
 - Meeting all [State](#) reporting requirements while adhering to Federal and [State](#) confidentiality requirements, including [42](#) CFR Part 2; and
- Will conduct case management activities to ensure that individuals receive such services.

Section 2.6: **Provider Oversight and Monitoring**

All agencies providing services to or on behalf of North Sound BH-ASO will be monitored for administrative, fiscal, program integrity, data, and quality management systems assurance/improvement compliance. Crisis System Providers are required to have an onsite audit on a biennial basis with at least one (1) audit occurring during the 2-year contract cycle. Additional auditing may be requested as part of North Sound BH-ASO's Quality Management program. For all other services, North Sound BH-ASO may conduct Provider onsite reviews, when deemed necessary, to each Provider site providing state-funded or FBG funded treatment services during the period of performance of the Contract.

Onsite reviews may include, but are not limited to:

- Physical Accessibility
 - North Sound BH-ASO evaluates office sites to ensure that Individuals have safe and appropriate access to the office site. This includes, but is not limited to, ease of entry into the building, accessibility of space within the office site, and ease of access for physically disabled individuals.

- Physical Appearance
 - The site visits include, but are not limited to, an evaluation of office site cleanliness, appropriateness of lighting, and individual safety.
- Adequacy of Waiting and Clinical Room Space
 - During the site visit, North Sound BH-ASO assesses waiting and clinical room spaces to ensure that the office offers appropriate accommodations to individuals. The evaluation includes, but is not limited to, appropriate seating in the waiting room areas and precautions to protect privacy.
- Adequacy of Medical/Clinical Record-Keeping Practices
 - During the site-visit, North Sound BH-ASO discusses office documentation practices with the Provider or Provider's staff. This discussion includes a review of the forms and methods used to keep the information in a consistent manner and includes how the practice ensures confidentiality of records.
- Hours of Operation
 - Provider will offer hours of operation for Individuals that are no less than the hours of operation offered to any other individual.
- Administration & Confidentiality of Facilities
 - Facilities contracted with North Sound BH-ASO must demonstrate an overall compliance with the guidelines listed below:
 - Office appearance demonstrates that housekeeping and maintenance are performed appropriately on a regular basis, the waiting room is well-lit, office hours are posted, and parking area and walkways demonstrate appropriate maintenance.
 - Handicapped parking is available, the building entrances are accessible with an incline ramp or flat entryway, and the restroom is handicap accessible with a bathroom grab bar.
 - Basic emergency equipment is located in an easily accessible area. This includes a pocket mask and Epinephrine, plus any other medications appropriate to the practice.
 - At least one CPR certified employee is available.
 - Yearly OSHA training (Fire, Safety, Blood borne Pathogens, etc.) is documented for offices with 10 or more employees.
 - Labeled containers, policies, and contracts evidence hazardous waste management.

- Check-in systems are confidential.
- Confidential information is discussed away from individuals. When reception areas are unprotected by sound barriers, scheduling and triage phones are best placed at another location.
- Medical records are stored away from common areas. Record rooms and/or file cabinets are preferably locked.
- A CLIA waiver is displayed when the appropriate lab work is run in the office.
- Prescription pads are not kept in clinical/evaluation rooms.
- Narcotics are locked, preferably double locked. Medication and sample access is restricted.
- System in place to ensure expired sample medications are not dispensed and injectables and emergency medication are checked monthly for outdates.
- Drug refrigerator temperatures are documented daily.
- Improvement Plans/Corrective Action Plans

A fiscal review shall be conducted at least annually of Providers receiving FBG funds, regardless of reimbursement methodology, to ensure expenditures are accounted for by revenue source, no expenditures were made for items identified as prohibited in the Contract, expenditures are made only for the purposes stated in this Contract and that services were actually provided.

North Sound BH-ASO and the Provider shall cooperate with all audits and investigations performed by duly authorized representatives of the state of Washington, HCA and Washington State Department of Health (DOH), Medicaid Fraud Control Division (MFCD), as well as the federal Department of Health and Human Services (DHHS), auditors from the federal Government Accountability Office, federal Office of the Inspector General (OIG) and federal Office of Management and Budget (OMB).

The Provider shall provide access to their facilities and the records documenting the performance of this Contract, for purpose of audits, investigations, and for the identification and recovery of overpayments within thirty (30) calendar days, and access to its facilities and the records pertinent to this Contract to monitor and evaluate performance under this Contract, including, but not limited to, claims payment and the quality, cost, use, health and safety and timeliness of services. The Provider and its Subcontractors shall provide immediate access to facilities and records pertinent to the Contract for state or federal fraud investigators.

Providers shall comply with all applicable required audits including authority to conduct a facility inspection, and the federal OMB Super Circular 2 CFR 200.501 and 45 CFR 75.501 audits.

If a Provider is subject to OMB Super Circular audit, the North Sound BH-ASO shall require a copy of the completed Single Audit and ensure corrective action is taken for any audit finding, per OMB Super Circular requirements.

If a Provider is not subject to OMB Super Circular, the North Sound BH-ASO shall perform sub-recipient monitoring in compliance with federal requirements.

North Sound BH-ASO shall monitor the Provider's performance on an ongoing basis and subject to formal review consistent with industry standards or State Law and Regulation.

When compliance is not achieved, the Provider will be required to adhere to the guidelines outlined in Policy #1017.00 *Remedial Action*.

Additional reviews may be conducted at six-month intervals until compliance is achieved. At each follow-up visit a full assessment is done to ensure the performance standards are met. The information and any response made by the Provider is included in the Provider's permanent credentials file and reported to the Credentialing Committee. If compliance is not attained at follow-up visits, an updated Corrective Action Plan (CAP) will be required.

Providers who do not submit a CAP may be terminated from network participation. Any further action is conducted in accordance with North Sound BH-ASO policy.

Other Policies and Procedures related to this section:

- Policy #1008.00 *Provider Network Selection, Capacity and Management* (click [here](#))
- Policy #1017.00 *Remedial Action* (click [here](#))

Section 2.7: **Administrative Reviews**

The North Sound BH-ASO has a provision for ongoing monitoring and periodic formal review that is consistent with industry standards or State Law and Regulation. Formal review must be completed no less than once every two (2) years, except as noted below, and must identify deficiencies or areas for improvement and provide for corrective action.

The North Sound BH-ASO will ensure Providers:

1. Comply with established data submission requirements for all services funded under the Contract.
2. Update individual funding information when the funding source changes.

North Sound BH-ASO will monitor SUD and Mental Health residential providers.

The review will be based on the specific delegation agreement with each Provider, and shall address compliance with Contract requirements for each delegated function including, but not limited to:

- Documentation and appropriateness of medical necessity determinations.
- Individual record reviews to ensure services are appropriate based on diagnosis, and the treatment plan is based on the Individual's needs and progress notes support the use of each service.
- Ensure criminal background checks are conducted and Provider policies are consistent with the requirements in RCW 43.43 and WAC 246-341.
- Timeliness of service.
- Cultural, ethnic, linguistic, disability or age-related needs are addressed.
- Coordination with other service providers.
- Provider utilization of relevant practice guidelines.
- Provider processes for reporting, tracking, and resolving grievances.
- Provider compliance with reporting and managing critical incidents.
- Information security.
- Disaster recovery plans.

North Sound BH-ASO shall conduct and/or make arrangements for an annual fiscal review of each Provider receiving FBG funds through fee-for-service, set rate, performance-based or cost reimbursement Contracts. The annual fiscal review shall ensure that:

- Expenditures are accounted for by revenue source.
- No expenditures were made for items identified in the Federal Block Grant Section.
- Expenditures are made only for the purposes stated in the Contract, and for services that were actually provided.

Conflict of Interest Policy

Requires screening of employees upon hire and board members at the time of initial appointment, and annually thereafter, for conflicts of interests related to performance of services under the contract.

Prohibits employees and/or board members from participating in actions which could impact or give the appearance of impacting a personal interest or the interest of any corporate, partnership or association in which the employee or board member is directly or indirectly involved.

Prohibits access to information regarding proprietary information for other providers including, but not limited to: reimbursement rates, for any Provider that provides behavioral health services and administrative services under the Contract.

Other Policies and Procedures related to this section:

- Policy #2001.00 *Program Integrity* (click [here](#))
- Policy #3010.00 *Conflict of Interest* (click [here](#))

Section 2.8: **Provider Nondiscrimination**

North Sound BH-ASO will not discriminate, with respect to participation, reimbursement, or indemnification, against providers practicing within their licensed scope of practice solely on the basis of the type of license or certification they hold, however, North Sound BH-ASO is free to establish criteria and/or standards for providers' inclusion in a network of providers based on their specialties.

If North Sound BH-ASO declines to include individual or groups of providers in its network, it shall give the affected providers written notice of the reason for its decision.

North Sound BH-ASO policies and procedures on provider selection and retention shall not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

Consistent with North Sound BH-ASO responsibilities to HCA and individuals in/seeking services, North Sound BH-ASO is not:

- Required to contract with providers beyond the number necessary to meet the behavioral health requirements under the HCA Contract.
- Precluded from using different reimbursement amounts for different specialties or for different providers in the same specialty.
- Precluded from establishing measures that are designed to maintain quality of services and control costs.

Other Policies and Procedures related to this section:

- Policy #1008.00 *Provider Network Selection, Capacity and Management* (click [here](#))

Section 2.9: **Provider Education and Training**

North Sound BH-ASO shall maintain a system for keeping providers informed. North Sound BH-ASO shall inform Providers in writing regarding these requirements:

- Contracted services for Individuals/Families served under the Contract.
- 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.
- Co-Occurring Disorder Screening Tool.
- Confidentiality consistent with 71.05, 71.24 and 70.02 RCW.

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2
- Coordination of care requirements.
- Ensure Division of Behavioral Health Recovery (DBHR)/North Sound BH-ASO sponsored Certified Peer Counselor trainings are offered.
- HCA and the North Sound BH-ASO's policies and procedures as related to the Contract.
- Data interpretation.
- Practice guidelines as described in the provisions of the Supplemental Provider Service Guide (see Section 16).
- Requirements for Utilization Management (UM) decision making, procedure coding, and submitting claims for contracted services.
- Care management staff who can assist in care transitions and care management activities.
- Program Integrity requirements.
- Protocols for coordination with Tribes and non-Tribal Indian Health Care Providers (IHCP) in the North Sound Regional Service Area (RSA)

Providers are expected to participate in HCA sponsored training, exceptions must be in writing and include a plan for how the required information shall be provided to staff.

Section 2.10: **Grievance and Appeal System**

Providers are required to participate in North Sound BH-ASO's Grievance and Appeal system and cooperate with North Sound BH-ASO in identifying, processing, and promptly resolving all individual complaints, grievances, or inquiries for North Sound BH-ASO funded services.

Providers are required to provide information and coordinate with the Statewide Office of Behavioral Health Advocacy program if requested to assist individuals with the grievance and appeal process.

If an individual has a complaint regarding a Behavioral Health Agency (BHA) or service provided, the BHA will attempt to resolve the complaint in the best interest of the individual.

If an individual wishes to file a grievance with North Sound BH-ASO, the BHA will participate by providing medical records or a statement if needed. North Sound BH-ASO will have a Grievance system that includes a Grievance process, an Appeal process, and access to the Administrative Hearing process for Contracted services.

North Sound BH-ASO is responsible for accepting, responding to, and resolving all crisis system grievances and non-Medicaid grievances related to the scope of services North Sound BH-ASO is contracted for.

North Sound BH-ASO will have policies and procedures addressing the Grievance system, which comply with the requirements of our HCA contract. HCA must approve, in writing, all Grievance system policies and procedures and related notices to individuals regarding the Grievance system.

Termination of a Subcontract shall not be grounds for an Appeal, Administrative Hearing, or a Grievance for the Individual if similar services are immediately available in the service area.

North Sound BH-ASO shall notify individuals on how they will be informed of their right to a Grievance or Appeal in the case of:

- Denial or termination of service related to medical necessity determinations.
- Failure to act upon a request for services with reasonable promptness.

North Sound BH-ASO provides the following information regarding the Grievance system to all individuals:

1. The toll-free numbers to file oral Grievances and Appeals.
2. The availability of assistance in filing a Grievance or Appeal, including interpretation and translation services at no cost to the individual.
3. The Individual's right to file Grievances and Appeals and their requirements and timeframes for filing.
4. The Individual's right to an Administrative Hearing, how to obtain an Administrative Hearing and representation rules at an Administrative Hearing.

For filing or help in filing a Grievance or Appeal:

To file an oral grievance or appeal call 1.800.684.3555

For help in filing a grievance or appeal call 1.800.684.3555 or email grievance@nsbhaso.org

Individuals assigned to an Apple Health Managed Care Plan that need to file or need help filing a Grievance or Appeal should contact their Managed Care Plan or the Statewide office of Behavioral Health Advocacy: northsound@obhadvocacy.org.

Other Policies and Procedures related to this section:

- Policy #1001.00 *Grievance System* (click [here](#))
- Policy #1005.00 *Notice Requirements* (click [here](#))

Section 2.11: **Critical Incidents**

The Provider shall develop, implement, maintain, comply with, and monitor compliance with written policies and procedures related to all requirements of critical incident reporting.

The Provider shall report Critical Incidents to North Sound BH-ASO within one (1) business day in which the Provider becomes aware of the event. The report shall include:

1. The date the Provider becomes aware of the incident;
2. The date and time of the incident;
3. A description of the incident;
4. The name of the facility where the incident occurred, or a description of the incident location;
5. The name(s) and age(s) of Individuals involved in the incident;
6. The name(s) and title(s) of facility personnel or other staff involved;
7. The name(s) and relationship(s), if known, of other persons involved and the nature and degree of their involvement;
8. The Individual's location at the time of the report if known (i.e. home, jail, hospital, unknown, etc.) or actions taken by the Provider to locate the Individual;
9. Actions planned or taken by the Provider to minimize harm resulting from the incident; and
10. Any legally required notifications made by the Provider.

The Provider shall report Critical Incidents using the North Sound BH-ASO Incident Reporting form located at the North Sound BH-ASO website [here](#). If you have trouble accessing the form, please call 360.416.7013.

The Provider shall submit any follow-up reports to the North Sound BH-ASO.

Other Policies and Procedures related to this section:

- Critical Incident Reporting Form (click [here](#))
- Policy #1009.00 *Critical Incidents* (click [here](#))

Sections 2.12: **Single Case Agreements**

To request a single-case agreement, admitting provider must complete the *Single Case Agreement Request Form* found on the North Sound BH-ASO website [here](#).

North Sound BH-ASO will document and confirm in writing all single-case agreements with Providers. The Agreement shall include:

- Identification of the individual;
- The description of the services;

- The authorization period for the services, including the begin date and the end date for approved services;
- The rate of reimbursement for the service or reference to the North Sound BH-ASO's fee schedule or other documents that define payment; and
- Any other specifics of the negotiated rate.

North Sound BH-ASO must supply documentation to the Provider no later than five (5) business days following the signing of the agreement. Updates to the unique contract, must include all elements (begin date, end date, rate of care or reference to fee schedule and any other specifics regarding the services or payment methods).

North Sound BH-ASO shall maintain a record of the single-case agreements for a period of six (6) years.

Other Policies and Procedures related to this section:

- Policy #1008.00 *Provider Network Selection, Capacity, and Management* (click [here](#))
- Single Case Agreement Request Form (click [here](#))

Sections 2.13: **Utilization Management**

North Sound BH-ASO maintains UM policies and protocols for all services and supports funded solely or in part through General Fund State (GFS) or Federal Block Grant (FBG) funds.

North Sound BH-ASO's Behavioral Health Medical Director will provide guidance, leadership and oversight of the Utilization Management (UM) program for contracted services. The following activities may be carried out in conjunction with the administrative staff or other clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:

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

North Sound BH-ASO maintains UM protocols for all services and supports funded solely or in part through GFS or FBG funds can comply with HCA contract provisions as outlined in Policy 1594.00 *Utilization Management*.

North Sound BH-ASO Medical Director and Clinical Director educate and support UM staff in the application of UM protocols including the criteria used in making UM decisions. UM protocols shall take into account the greater and particular needs of diverse populations, as reflected in Health Disparities, risk factors (such as ACEs for Individuals of any age), Historical Trauma, and the need for Culturally Appropriate Care.

North Sound BH-ASO ensures that all UM staff making service authorization decisions have been trained in working with the specific area of service which they are authorizing and managing and the needs and clinical risk factors of diverse populations.

Actions including any decision to authorize a service in an amount, duration or scope that is less than requested shall be conducted by:

- A physician board-certified or board-eligible in Psychiatry or Child and Adolescent Psychiatry;
- A physician board-certified or board-eligible in Addiction Medicine, a Subspecialty in Addiction Psychiatry; or
- A licensed, doctoral level clinical psychologist.

North Sound BH-ASO ensures that any behavioral health Actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration or scope that is less than requested must be at least equal to that of the recommending clinician. In addition:

- a. A physician board-certified or board-eligible in Psychiatry must determine all inpatient level of care Actions for psychiatric treatment.
- b. A physician board-certified or board-eligible in Addiction Medicine, or a subspecialty in Addiction Psychiatry, must determine all inpatient level of care Actions (denials) for SUD treatment.

North Sound BH-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, North Sound BH-ASO may place appropriate limits on a behavioral health service based on criteria applied under the State plan, such as medical necessity and available funding, provided the behavioral health services furnished could reasonably be expected to achieve their purpose.

North Sound BH-ASO will provide education and ongoing guidance and training to individuals and providers about its UM protocols, including Criteria used for making UM

decisions. UM protocols shall take into account the greater and particular needs of diverse populations, as reflected in Health disparities, risk factors, historical trauma, and the need for culturally appropriate care.

North Sound BH-ASO will consult with the requesting provider when appropriate, prior to issuing an authorization determination.

North Sound BH-ASO shall review all treatment records in accordance with state and federal law. SUD records are reviewed in accordance with 42 CFR §2.53. Reviewers do not copy or remove any treatment records during a review.

Other Policies and Procedures related to this section:

- Policy #1005.00 *Notice Requirements* (click [here](#))
- Policy #1594.00 *Utilization Management* (click [here](#))
- Related UM policies under policy section 1500 (click [here](#))

Chapter Three

CREDENTIALING

Credentialing and Re-credentialing

The North Sound BH-ASO arranges for delivery of accessible, behavioral health crisis services that meet the needs and improve the health and well-being of our communities.

North Sound BH-ASO's Organizational Credentialing Program meets the standards for accreditation by the National Committee for Quality Assurance (NCQA), however North Sound BH-ASO is not accredited by NCQA.

The Credentialing Program governs the credentialing function and sets forth the criteria, standards, and processes to select and retain qualified Behavioral Health Agencies to promote quality care.

The Credentialing Program includes annual evaluation and periodic revision to the policies and procedures adopted by the Credentialing Committee.

This program's policies and procedures lists the credentialing criteria and standards that determine compliance for North Sound BH-ASO network participation.

Credentialing instructions and credentialing forms for providers can be found at the North Sound BH-ASO website [here](#).

Other Policies and Procedures related to this section:

- Policy #1026.00 *Organization Provider Credentialing* (click [here](#))
- Policy #1027.00 *Organization Provider Assessment* (click [here](#))

Chapter Four

DELEGATION

Delegated activities are documented and agreed upon between North Sound BH-ASO and Provider. The document must include:

- Assigned responsibilities.
- Delegated activities.
- A mechanism for evaluation.
- Corrective action policy and procedure

Process of Evaluating Delegate's Performance:

North Sound BH-ASO will require routine reports and documentation as listed in the delegation grid and will use this documentation to evaluate delegates performance on an ongoing basis. In addition, North Sound BH-ASO will:

- Conduct continuous monitoring to ensure all delegated activities comply with applicable delegation standards,
- Provide written feedback on the results of the monitoring, and
- Require delegate to implement corrective action plans if the delegate does not fully meet delegation requirements.

If North Sound BH-ASO determines that the Provider has failed to adequately perform the delegated activities, North Sound BH-ASO may:

- Change or revoke the scope of delegation if corrective action is not adequate; and/or
- Discontinue contracting with delegate.

Ongoing performance of accredited delegates is evaluated through the routine monitoring of reports. North Sound BH-ASO reserves the right to conduct annual and ad hoc audits of documentation, processes, and files in order to ensure service levels, quality and compliance with regulatory requirements.

Other Policies and Procedures related to this section:

- Policy 1017.00 *Remedial Action* (click [here](#))
- Policy 1027.00 *Organization Provider Assessment* (click [here](#))

Chapter Five

CHARITABLE CHOICE

North Sound BH-ASO shall ensure that the Charitable Choice Requirements of 42 CFR Part 54 are followed, and that Faith-Based Organizations (FBO) are provided opportunities to compete with traditional Substance Use Disorder (SUD) treatment providers for funding.

If North Sound BH-ASO contracts with FBOs, North Sound BH-ASO shall require the FBO to meet the requirements of [42 CFR Part 54](#) as follows:

- Individuals requesting or receiving SUD services shall be provided with a choice of SUD treatment providers.
- The FBO shall facilitate a referral to an alternative provider within a reasonable time frame when requested by the recipient of services.
- The FBO shall report to North Sound BH-ASO all referrals made to alternative providers.
- The FBO shall provide Individuals with a notice of their rights.
- The FBO provides Individuals with a summary of services that includes any religious activities.
- Funds received from the FBO must be segregated in a manner consistent with federal Regulations.
- No funds may be expended for religious activities.

Other Policies and Procedures related to this section:

Chapter Six

CLAIMS AND COMPENSATION

As a contracted provider, it is important to understand how the claims process works to avoid delays in processing your claims. The following items are covered in this section for your reference:

- National Provider Identifier (NPI) HCA Enrollment Requirements
- Claim Submission
- Coordination of Benefits (COB)
- Third Party Liability (TPL)
- Timely Claim Filing
- Claim Edit Process
- Claim Review
- Claim Auditing
- Corrected Claims
- Timely Claim Processing
- Electronic Remittance Advice and Electronic Funds Transfer
- Claim Corrections
- Overpayment and Incorrect Payment
- Claim Adjustment Disputes/Reprocessing
- Billing the Individuals
- Fraud and Abuse
- Encounter Data

Claim Submission

Providers are required to submit Claims to North Sound BH-ASO with appropriate documentation. Providers must follow the appropriate State billing guidelines. Providers must utilize electronic billing by submission through North Sound BH-ASO's the SFTP Folder and use current HIPAA compliant ANSI X 12N format (e.g., 837I for institutional Claims, 837P for professional Claims). Claims that do not comply with North Sound BH-ASO's electronic Claim submission requirements will be rejected.

Providers must bill North Sound BH-ASO for services with the most current and approved diagnostic and procedural coding available as of the date the service was provided, or for inpatient facility Claims, the date of discharge.

Inaccurate, incomplete, or untimely submissions and re-submissions may result in rejection of the claim.

National Provider Identifier (NPI)

A valid NPI, which is enrolled with HCA as a billing or non-billing NPI, is required on all Claim submissions. Providers must report any changes in their NPI or subparts to North Sound BH-ASO as well as HCA or claims may be rejected.

National Provider Identifier (NPI) HCA Billing and Non-Billing Enrollment Requirements

Per federal regulation (42.C.F.R. 455.410(b)) providers who have a contract with the state's Medicaid agency or a contract with a Managed Care Organization (MCO) that serve Medicaid Clients must enroll with HCA under a Non-billing or Billing agreement. The provider's National Provider Identifier (NPI) submitted on all claims must be the NPI registered with HCA.

Effective July 1, 2019, North Sound BH-ASO will deny/reject all claims submitted for processing if billed with an NPI that is not enrolled with HCA or does not match what HCA identifies as the enrolled NPI number.

For additional information and to access the Non-Billing and Billing and Servicing Enrollment form, which must be used to register with HCA or to correct an NPI, visit the HCA website at <http://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-non-billing-individual-provider>.

EDI Claims Submission Issues

Providers who are experiencing EDI Submission issues should work with their clearinghouse, if applicable, to resolve the issue. If the Provider/Provider's clearinghouse is unable to resolve, the Provider may call the North Sound BH-ASO's Data and Claims line at (360) 306-5368 or email us at CIS@nsbhaso.org for additional support.

Coordination of benefits (COB) and Third-Party Liability

Private and government carriers must be billed prior to billing North Sound BH-ASO. Provider shall make reasonable inquiry of individuals to learn if they have health insurance, benefits or Covered Services other than from North Sound BH-ASO and is entitled to payment by a third party under any other insurance or plan of any type, and Provider shall immediately notify North Sound BH-ASO of said entitlement on the 837i transaction.

In the event that coordination of benefits occurs, Provider shall be compensated based on the state regulatory COB methodology. Primary insurance carrier payment information is required with the claim submission on the 837i.

The services and benefits available under a North Sound BH-ASO contract shall be the payer of last resort.

Providers shall:

- Not refuse or reduce services solely due to the existence of similar benefits provided under any other health care contracts (RCW 48.21.200), except in accord with applicable COB rules in WAC 284-51.
- 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.
- 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.
- 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.

North Sound BH-ASO is the payer of last resort, the Provider will make every effort to determine the appropriate Third-Party payer for services rendered. North Sound BH-ASO may deny Claims when Third Party has been established and will process Claims for Covered Services when probable Third-Party Liability (TPL) has not been established or third-party benefits are not available to pay a Claim. The Provider will attempt to recover any third-party resources available and shall maintain records pertaining to TPL collections on behalf of Individuals for audit and review.

Sliding Fee Scale

Under no circumstances shall the Provider deny the provision of Crisis Services, or any service provided under the Involuntary Treatment Act in RCW 71.05 or 71.34

Providers may 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 North Sound BH-ASO [as](#) requested.

In developing sliding fee schedules, providers must comply with the following:

- Put the sliding fee schedule in writing that is non-discriminatory
- Include language in the sliding fee schedule that no individual shall be denied services due to inability to pay
- Provide signage and information to Individuals to educate them on the sliding fee schedule
- Protect Individual's privacy in assessing fees
- Maintain records to account for each Individual's visit and any charges incurred
- Charge Individuals at or below one hundred percent (100%) of Federal Poverty Level (FPL) a nominal fee or no fee at all and

- Develop at least three (3) incremental amounts on the sliding fee scale for Individuals between one hundred one to two hundred and twenty percent (101-220%) Federal Poverty Level.

Timely Claim Filing

Provider shall promptly submit to North Sound BH-ASO Claims for Covered Crisis Services rendered to Individuals. All Claims shall be submitted in a format acceptable to and approved by North Sound BH-ASO and shall include any and all medical records pertaining to the Claim, if requested, by North Sound BH-ASO or otherwise required by North Sound BH-ASO's policies or procedures. Claims must be submitted by the Provider to North Sound BH-ASO no later than the limitation stated in the provider contract or within 180 calendar days after discharge for inpatient services or the Date of Service for outpatient services. If North Sound BH-ASO is not the primary payer under coordination of benefits or third-party liability, Provider must submit Claims to North Sound BH-ASO within 180 calendar days after final determination by the primary payer. Except as otherwise provided by Law or provided by Government Program requirements, any Claims that are not submitted to North Sound BH-ASO within these timelines shall not be eligible for payment and Provider hereby waives any right to payment.

Coding Sources

CPT – Current Procedural Terminology 4th Edition; an American Medical Association (AMA) maintained uniform coding system consisting of descriptive terms and codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. There are three types of CPT codes:

- Category I Code – Procedures/Services
- Category II Code – Performance Measurement
- Category III Code – Emerging Technology

HCPCS – HealthCare Common Procedural Coding System; a Centers for Medicare and Medicaid Services (CMS) maintained uniform coding system consisting of descriptive terms and codes that are used primarily to identify procedure, supply and durable medical equipment codes furnished by physicians and other health care professionals.

ICD-10-CM – International Classification of Diseases, 10th revision, Clinical Modification ICD-10-CM diagnosis codes are maintained by the National Center for Health Statistics, Centers for Disease Control (CDC) within the Department of Health and Human Services (HHS).

ICD-10-PCS - International Classification of Diseases, 10th revision, Procedure Coding System used to report procedures for inpatient hospital services.

Claim Auditing

Provider acknowledges North Sound BH-ASO's right to conduct post-payment billing audits. Provider shall cooperate with North Sound BH-ASO's audits of Claims and payments by providing access, at reasonable times, to requested Claims information, all supporting medical records, Provider's charging policies, and other related data.

Corrected Claims

Corrected Claims are considered new Claims for processing purposes. Corrected Claims must be submitted electronically with the appropriate fields on the 837I or 837P completed.

Corrected claims must include the correct coding to denote if the claim is Replacement of Prior Claim or Corrected Claim for an 837I or the correct Resubmission Code for an 837P. Claims submitted without the correct coding will be returned to the Provider for resubmission.

Timely Claim Processing

Claims processing will be completed for contracted providers in accordance with the timeliness provisions set forth in the provider's contract. Unless the provider and North Sound BH-ASO or contracted medical group/Independent Physician Association (IPA) have agreed in writing to an alternate payment schedule, North Sound BH-ASO will process the claim for services within the minimum standards as set forth by the Office of the Insurance Commissioner (OIC) and HCA:

- Ninety-five (95%) percent of the monthly volume of "clean" claims will be adjudicated within 30 calendar days of receipt by North Sound BH-ASO. A "clean" claim has no defect, impropriety, lack of any required substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment.
- Ninety-five (95%) percent of the monthly volume of claims shall be paid or denied within 60 calendar days of receipt by North Sound BH-ASO.
- Ninety-nine (99%) percent of all claims shall be paid or denied within 90 calendar days of receipt by North Sound BH-ASO.
- A claim is a bill for services, a line item of service, or all services for one (1) Individual within a bill.
- A clean claim is a claim that can be processed without obtaining additional information from the provider of the service or from a third party.
- The Process Date is the date North Sound BH-ASO processes the encounter from the provider.

Overpayments and Incorrect Payments Refund Requests

If, as a result of retroactive review of coverage decisions or payment levels, North Sound BH-ASO determines that it has made an Overpayment to a Provider for services rendered, it will make a claim for such Overpayment.

North Sound BH-ASO may request a refund for overpayments or incorrect payments on services provided within 24 months and 30 months for COB claims from the date of the original remittance advice. If a provider does not repay or dispute the overpaid amount within 45 days of the request, North Sound BH-ASO may offset the payment amount(s) against future payments made to the provider.

If you have any questions regarding a refund request letter, please call the Claims/Fiscal Department at (360) 416-7013.

In the event the provider receives a check that is not theirs or finds an overpayment, please send the refund with a copy of the remittance advice and claim information to:

North Sound BH-ASO, LLC.
ATTN: Claims/Fiscal
2021 E. College Way, Suite 101
Mount Vernon, WA 98273

Billing

North Sound BH-ASO contracted providers cannot bill the Individual for any covered crisis services. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization. Providers agree that under no circumstance shall an individual be liable to the Provider for any sums owed by North Sound BH-ASO to the Provider. Provider agrees to accept payment from North Sound BH-ASO as payment in full or bill the appropriate responsible party.

North Sound BH-ASO will pay the submitted Provider invoices up to the contracted budget amount based upon the approved budget. Expenditures unrelated to program services will not be approved for payment by NS BH ASO. The payment of funds will occur pursuant to the terms of the contract for allowable expenditures. NS BH ASO will consider requests for payments in excess of contracted budget amounts on a per case basis subject to funding availability.

Provider invoice submission is due by the 15th of each month unless another date is set forth in the Provider contract, following that for which for which expenditures are claimed. An invoice and required documents received 45 days or more after the services month may not be accepted for payment. Providers must use the provided North Sound BH-ASO invoice package. A billing invoice package for programs that use Federal Funds received 30 days or more after the service month may not be accepted for payment.

North Sound BH-ASO reserves the right to disallow any expenditure (regardless of dollar value) that is considered inappropriate for the program it funds, even if it falls within the expenditure limitations placed on the cost.

Providers shall maintain and retain accounting records and related information for the duration of the program funding. Such records shall be subject to examination, audit, and inspection by NS BH ASO and/or any other federal, state, or local agency that has jurisdictional authority.

Providers must accept payment by North Sound BH-ASO as payment in full in accordance with 42 CFR 447.15. Balance billing is not permitted. For additional information, refer to WAC 182-502-0160..

Fraud and Abuse

Failure to report instances of suspected Fraud and Abuse is a violation of the Law and subject to the penalties provided by Law. Please refer to the Compliance section of this Supplemental Provider Service Guide for more information.

Encounter Data

Every contracted Provider is required to submit Encounter data to North Sound BH-ASO for all Claims. The data is used for many purposes, such as regulatory reporting, rate setting and risk adjustment, the Quality Improvement program and performance reporting.

Encounter data must be submitted in accordance with the Service Encounter Reporting Instructions (SERI) Guide, and/or its predecessor.

Encounter data must be submitted at least once per month, and within Provider contracts timely claims filing requirements in order to meet State encounter submission threshold and quality measures. Encounter data must be submitted via HIPAA compliant transactions. Data must be submitted with Claims level detail for all non-institutional services provided. For institutional services, only those services covered by North Sound BH-ASO should be reported.

North Sound BH-ASO shall have a comprehensive automated and integrated Encounter data system capable of meeting these requirements. Providers must correct and resubmit any encounters which are rejected (non-HIPAA compliant) or denied by North Sound BH-ASO. Please see North Sound BH-ASO's Data Dictionary with the specific submission requirements available to Providers on our website at <https://nsbhaso.org/for-providers/data-dictionary>.

When Encounters are filed electronically the Provider should receive a text file acknowledgement of the transmission by the next day. These Response Files should be reviewed for the status of the service and steps followed to correct any errors.

Other Policies and Procedures related to this section:

- Policy #4210.00 *Verification of Accuracy of Data* (click [here](#))

Section 6.1: **Fee Schedule**

North Sound BH-ASO has established the Fee for Service rate schedule. The fees listed apply to all funding types, GFS, SABG, MHBG and Legislative Provisos. The Fee Schedule can be found on the North Sound BH-ASO website [here](#).

Section 6.2: **Compensation Schedule**

The Compensation Schedule can be found on the North Sound BH-ASO website [here](#).

Section 6.3 **Schedule of Services**

The Schedule of Services can be found on the North Sound BH-ASO website [here](#).

Other Policies and Procedures related to this section:

- Policy #3044.00 *Third Party Resource Requirements* (click [here](#))

Chapter Seven

CULTURAL CONSIDERATIONS

Diversity, Racial Equity and Inclusion

North Sound BH-ASO believes a diverse, inclusive, and equitable workplace is one where all employees, whatever their gender, race, ethnicity, national origin, age, sexual orientation or identity, education or disability, feels valued and respected. We are committed to a nondiscriminatory approach and provide equal opportunity for employment and advancement for all employees. We respect and value diverse life experiences and heritages and ensure that all voices are valued and heard.

We're committed to modeling diversity and inclusion for the entire behavioral health sector, and to maintaining an inclusive environment with equitable treatment for all.

To provide informed, authentic leadership for cultural equity, North Sound BH-ASO strives to:

- See diversity, inclusion, and equity as connected to our mission and critical to ensure the well-being of our staff and the arts communities we serve.
- Acknowledge and dismantle any racial inequities within our policies, systems, programs, and services, and continually update and report organization progress.
- Explore potential underlying, unquestioned assumptions that interfere with inclusiveness.
- Advocate for and support thinking about how systemic inequities impact our organization's work, and how best to address that in a way that is consistent with our mission.
- Practice and encourage transparent communication in all interactions.
- Commit time and resources to expand more diverse leadership within our board, staff, committee, and advisory bodies.
- Lead with respect and tolerance. We expect all employees to embrace this notion and to express it in workplace interactions and through everyday practices

North Sound BH-ASO abides by the following action items to help promote diversity and inclusion in our workplace:

- Pursue cultural competency throughout our organization by creating substantive learning opportunities and formal, transparent policies.
- Generate and aggregate quantitative and qualitative research related to equity to make incremental, measurable progress toward the visibility of our diversity,

inclusion, and equity efforts. Once the content is curated it will be added to our website so others can access.

- Improve our cultural leadership pipeline by creating and supporting programs and policies that foster leadership that reflects the diversity of the region and beyond.
- Develop a system for being more intentional and conscious of bias during the hiring, promoting, or evaluating process.
- Advocate for public and private-sector policy that promotes diversity, inclusion, and equity. Challenge systems and policies that create inequity, oppression and disparity.

North Sound BH-ASO works to ensure all individuals receive culturally appropriate care across the service continuum to reduce health disparities and improve health outcomes. Culturally appropriate care means behavioral health services are provided with cultural humility and an understanding of the individual's culture and community and informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences (ACEs). Cultural Humility is the continuous application of professional practice of self-reflection and self-critique, learning from the individuals in service, and partnership building with an awareness of the limited ability to understand the individual's worldview, culture(s) and communities.

[The Culturally and Linguistically Appropriate Services in Health Care](#) (CLAS) standards published by the US Department of Health and Human Services (HHS), Office of Minority Health (OMH) guide the activities to deliver culturally competent services. Providers will promote CLAS standards to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

North Sound BH-ASO complies with Title VI of the Civil Rights Act, the Americans with Disabilities Act (ADA) Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Affordable Care Act (ACA) and other regulatory/contract requirements. Compliance ensures the provision of linguistic access and disability-related access to all Individuals, including those with Limited English Proficiency and Individuals who are deaf, hard of hearing or have speech or cognitive/intellectual impairments. Policies and procedures address how individuals and systems within the organization will effectively provide services to people of all cultures, races, ethnic backgrounds and religions as well as those with disabilities in a manner that recognizes values, affirms and respects the worth of the individuals and protects and preserves the dignity of each.

The Provider shall make reasonable accommodation for Individuals with disabilities, in accord with the Americans with Disabilities Act, for all contracted services and shall assure physical and communication barriers shall not inhibit Individuals with disabilities from obtaining contracted services.

Nondiscrimination of Healthcare Service Delivery

North Sound BH-ASO requires Providers to deliver services to North Sound BH-ASO Individuals without regard to race, color, national origin, honorably discharged veteran/military status, age, religion or creed, obesity, disability or sex. This includes gender identity, sexual orientation, pregnancy and sex stereotyping. Providers must post a non-discrimination notification in a conspicuous location of their office along with translated non-English taglines in the top fifteen (15) languages spoken in the state to ensure North Sound BH-ASO Individuals understand their rights, how to access language services, and the process to file a complaint if they believe discrimination has occurred. Additionally, Providers may not limit their practices because of an Individual's medical (physical or mental) condition or the expectation for the need of frequent or high cost-care.

Should you or a North Sound BH-ASO Individual need more information you can refer to the Health and Human Services and Washington State Human Rights Commission websites for more information: <https://www.federalregister.gov/d/2016-11458> and <https://www.hum.wa.gov>.

North Sound BH-ASO Commitment to Culturally Appropriate Services

North Sound BH-ASO is committed to reducing healthcare disparities. Training employees, Provider's staff, and quality monitoring are the cornerstones of successful culturally appropriate service delivery. An integrated quality approach intends to enhance the way people think about service delivery and program development so that cultural humility becomes a part of everyday thinking.

Provider and Community Training

North Sound BH-ASO may offer educational opportunities in cultural awareness concepts for Providers, their staff, and Community Based Organizations.

Integrated Quality Improvement – Ensuring Access

North Sound BH-ASO ensures individuals access to language services such as oral interpreting, American Sign Language (ASL), written translation and access to programs, and aids and services that are congruent with cultural norms. North Sound BH-ASO supports Individuals with disabilities and assists Individuals with Limited English Proficiency.

North Sound BH-ASO develops materials according to Plain Language Guidelines. ([Federal plain language guidelines | plainlanguage.gov](https://www.plainlanguage.gov/)). Individuals may also request written materials in alternate languages and formats, leading to better communication, understanding and satisfaction. Online materials found on www.nsbhaso.org and information delivered in digital form meet Section 508 accessibility requirements to support persons with visual impairments.

Key information is available in threshold languages on the North Sound BH-ASO website.

Section 7.1: **Interpreter and Translation Requirements**

North Sound BH-ASO provides oral interpreting of written information to individuals who speak any non-English language regardless of whether that language meets the threshold of a prevalent non-English language.

North Sound BH-ASO notifies individuals and families of the availability of oral interpreting services and informs them how to access oral interpreting services at no cost to them on all significant North Sound BH-ASO materials. North Sound BH-ASO serves a diverse population with specific cultural needs and preferences.

Providers are responsible for supporting access to interpreter services at no cost for Individuals with sensory impairment and/or who have Limited English Proficiency.

24 Hour Access to Interpreter Services

North Sound BH-ASO Providers must support access to telephonic interpreter services by offering a telephone with speaker capability or a telephone with a dual headset. Providers may offer individuals interpreter services if the individuals do not request them on their own. It is never permissible to ask a family member, friend or minor to interpret.

Auxiliary Aids and Services

Providers will provide services or devices that enable persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in the benefits, programs or activities conducted by the Provider.

Auxiliary Aids and Services includes:

- Qualified interpreters onsite or through video remote interpreting (VRI), note takers, real-time computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons, videotext

displays, or other effective methods of making aurally delivered materials available to individuals with hearing impairments;

- Qualified readers, taped texts, audio recordings, Braille materials, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments.
- Acquisition or modification of equipment or devices; and other similar services and actions

Documentation

As a contracted North Sound BH-ASO Provider, your responsibilities for documenting language services/needs in the individual's medical record are as follows:

- Record the individual's language preference in a prominent location in the medical record.
- Document all requests for interpreter services.
- Document who provided the interpreter service. Information should include the interpreter's name, operator code and vendor.
- Document all counseling and treatment done using interpreter services.
- Document if an individual insists on using a family member, friend or minor as an interpreter, or refuses the use of interpreter services after notification of his or her right to have a qualified interpreter at no cost.

Individuals with Hearing Impairment

North Sound BH-ASO provides a TTY/TDD connection accessible by dialing 711.

North Sound BH-ASO strongly recommends that Provider offices make available assistive listening devices for individuals who are deaf and hard of hearing. Assistive listening devices enhance the sound of the provider's voice to facilitate a better interaction.

Provider shall assure equal access for all Individuals when oral or written language creates a barrier to access for Individuals with communication barriers.

Provider shall offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

For individuals receiving services funded by GFS, SABG, MHBG or Legislative Proviso and need interpreter and/or translation services the Provider will submit encounters to the North Sound BH-ASO for payment. For individuals receiving Apple Health Medicaid covered services the Provider must use Language Services provided through HCA.

Oral Information

The Provider shall assure that interpreter services are provided for Individuals with a preferred language other than English, free of charge. Interpreter services include the provision of interpreters for Individuals who are deaf or hearing impaired at no cost to the Individual, including American Sign Language (ASL). Interpreter services shall be provided for all interactions between such Individuals and the Provider including, but not limited to:

1. Customer service;
2. All appointments with any provider for any covered service; and
3. All steps necessary to file Grievances and Appeals.

Written Information

The Provider shall provide all generally available and person-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 five percent (5%) or more of the population of the Regional Service Area (RSA) based on information obtained from North Sound BH-ASO/HCA.

For Individuals whose preferred language has not been translated as required in this Section, the Provider may meet the requirement of this section by doing any one of the following:

- Translating the material into the Individual's preferred reading language;
- Providing the material in an audio format in the Individual's preferred language;
- Having an interpreter read the material to the Individual in their preferred language;
- Providing the material in another alternative medium or format acceptable to the Individual. The Provider shall document the Individual's acceptance of the material in an alternative medium or format in the Individual's record; or
- Providing the material in English, if the Provider documents the Individual's preference for receiving material in English

The Provider shall ensure that all written information provided to Individuals is accurate, is not misleading, is comprehensible to its intended audience, is designed to provide the greatest degree of understanding, is written at the sixth (6th) grade reading level and fulfills other requirements of the Contract as may be applicable to the materials.

North Sound BH-ASO may make exceptions to the sixth (6th) grade reading level when, in the sole judgment of North Sound BH-ASO, the nature of the materials does not allow for a sixth (6th) grade reading level or the Individual's needs are better served by

allowing a higher reading level. North Sound BH-ASO approval of exceptions to the sixth (6th) grade reading level must be in writing.

Educational materials that are not developed by the Provider are not required to meet the sixth (6th) grade reading level requirement and do not require approval.

For Individual-specific written materials, the Provider may use templates that have been pre-approved in writing by North Sound BH-ASO/HCA.

Other Policies and Procedures related to this section:

- Policy #1515.00 *Translation and Interpretation Services* (click [here](#))
- Policy #1521.00 *Culturally and Linguistically Appropriate Services* (click [here](#))

Chapter Eight

QUALITY IMPROVEMENT

North Sound BH-ASO has established a Quality Improvement (QI) Program that complies with regulatory and accreditation guidelines. The Quality Improvement Program provides structure and outlines specific activities designed to improve the care, service and health of individuals receiving services.

North Sound BH-ASO requires Providers to comply with the following core elements and standards of care and to:

- Have a Quality Improvement Program in place;
- Comply with and participate in the North Sound BH-ASO Quality Improvement Program including reporting of Access and Availability and provision of clinical records review process; and
- Allow access to North Sound BH-ASO personnel for site and clinical record review processes.

Clinical Records

North Sound BH-ASO requires that clinical records are maintained in a manner that is current, detailed and organized to ensure that care rendered to Individuals is consistently documented and that necessary information is readily available in the record. All entries will be indelibly added to the Individual's record.

Clinical Record Keeping Practices

Below is a list of the minimum items that are necessary in the maintenance of the Individuals clinical records:

- Each individual has a separate record.
- Clinical records are stored away from public areas and locked.
- Clinical records are available at each visit and archived records are available within twenty-four (24) hours.
- If hardcopy, pages are securely attached in the clinical record and records are organized by dividers or color-coded when thickness of the record dictates.
- If electronic, all those with access have individual passwords.
- Record keeping is monitored for Quality Improvement and HIPAA compliance.
- Records are maintained for the determined timelines and disposed per record management processes.
- There is a process for archiving clinical records and implementing improvement activities.

- Clinical records are kept confidential and there is a process for the release of clinical records.

Confidentiality

Providers shall develop and implement confidentiality procedures to guard Individual protected health information, in accordance with HIPAA privacy standards and all other applicable Federal and State regulations. This should include, and is not limited to, the following:

- Ensure that medical information is released only in accordance with applicable Federal or State law in pursuant to court orders or subpoenas;
- Maintain records and information in an accurate and timely manner;
- Ensure timely access by individuals to the records and information that pertain to them;
- Abide by all Federal and State Laws regarding confidentiality and disclosure of behavioral health records or other health information;
- Clinical Records are protected from unauthorized access;
- Access to computerized confidential information is restricted; and
- Precautions are taken to prevent inadvertent or unnecessary disclosure of protected health information.

Quality of Provider Office Sites

North Sound BH-ASO has a process to ensure that the offices of all Providers meet its office-site and clinical record keeping practices standards. North Sound BH-ASO monitors complaints for all office sites to determine the need of an office site visit and will conduct office site visits within sixty (60) calendar days from receipt of complaint. North Sound BH-ASO assesses the quality, safety and accessibility of office sites where care is delivered. A standard survey form is completed at the time of each visit. This form includes an assessment of:

- Physical accessibility
- Physical appearance
- Adequacy of waiting and clinical room space
- Adequacy of behavioral health treatment record keeping

Administration & Confidentiality of Facilities

Facilities contracted with North Sound BH-ASO must demonstrate an overall compliance with the guidelines listed below:

- Office appearance demonstrates that housekeeping and maintenance are performed appropriately on a regular basis, the waiting room is well-lit, office

hours are posted, and parking area and walkways demonstrate appropriate maintenance.

- Handicapped parking is available, the building and exam rooms are accessible with an incline ramp or flat entryway, and the restroom is handicapped accessible with a bathroom grab bar
- At least one CPR certified employee is available
- Yearly OSHA training (Fire, Safety, Blood borne Pathogens, etc.) is documented for offices with 10 or more employees.
- Labeled containers, policies, and contracts evidence hazardous waste management.
- Client check-in systems are confidential. Signatures on fee slips, separate forms, stickers or labels are possible alternative methods.
- Confidential information is discussed away from clients. When reception areas are unprotected by sound barriers, scheduling and triage phones are best placed at another location.
- Clinical records are stored away from public areas. Record rooms and/or file cabinets are locked.
- A CLIA waiver is displayed when the appropriate lab work is run in the office.
- Prescription pads are not kept in client/public rooms.
- Narcotics are locked, preferably double locked. Medication and sample access is restricted.
- System in place to ensure expired sample medications are not dispensed and injectables and emergency medication are checked monthly for outdates.
- Drug refrigerator temperatures are documented daily.

Improvement Plans/Corrective Action Plans

If the Provider does not achieve the required compliance with the site review standards and/or the Clinical record keeping practices review standards, the Site Reviewer will do all of the following:

- Send a letter to the Provider that identifies the compliance issues.
- Send sample forms and other information to assist the Provider to achieve a passing score on the next review.
- Request the Provider to submit a written corrective action plan to North Sound BH-ASO within thirty (30) calendar days.
- Send notification that another review will be conducted of the office in six (6) months.

When compliance is not achieved, the Provider will be required to submit a written CAP to North Sound BH-ASO within thirty (30) calendar days of notification. The request for a CAP will be sent by email, certified mail, return receipt requested. This improvement

plan should be submitted by the Provider and must include the expected time frame for completion of activities.

Additional reviews are conducted at the office at agreed upon intervals until compliance is achieved. At each follow-up visit a full assessment is done to ensure the office meets performance standards. The information and any response made by the Provider may be included in the Provider's permanent credentials file and reported to the Credentialing Committee on the watch status report. If compliance is not attained at follow-up visits, an updated CAP will be required.

Providers who do not submit a CAP may be terminated from network participation.

Quality Improvement Activities and Programs

North Sound BH-ASO maintains an active Quality Improvement Program. The Quality Improvement Program provides structure and key processes to carry out our ongoing commitment to improvement of care and service. The goals identified are based on an evaluation of programs and services; regulatory, contractual and accreditation requirements; and strategic planning initiatives.

Other Policies and Procedures related to this section:

- Policy #1017.00 *Remedial Action* (click [here](#))
- North Sound BH-ASO Quality Management Plan (click [here](#))

Chapter Nine

DATA SECURITY

Section 9.1: North Sound BH-ASO Data Security Requirements

Data Transport

When transporting HCA Confidential Information electronically, including via email, the data will be protected by:

- Transporting the data within the (State Governmental Network) SGN or BH-ASO internal network, or;
- Encrypting any data that will be in transit outside the SGN or BH-ASO internal network. This includes transit over the public Internet.

Protection of Data

The BH-ASO agrees to store data on one or more of the following mediums and protect the data as described:

- **Hard disk drives.** Data stored on local workstation hard disks. Access to the data will be restricted to authorized users by requiring logon to the local workstation using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Workstation hard disks are protected by Whole Disk Encryption (WDE) and boot time drive locks, each requiring a passcode on startup before arriving at the login screen. Portable computers are configured to require the drive lock and encryption keys when waking up from hibernation.
- **Network server disks.** Data stored on hard disks mounted on network servers and made available through shared folders. Access to the data will be restricted to authorized users using access control lists which will grant access only after the authorized user has authenticated to the network using a unique user ID and complex password, or other authentication mechanisms which provide equal or greater security such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
- **Optical discs (CDs or DVDs) in local workstation optical disc drives.** Data on optical disks is no longer used in production. Any optical disks that may still exist in storage will be locked in a drawer, cabinet or other container to which only authorized users have the key, combination or mechanism required to access the contents of the container until such time these disks have been returned or destroyed.

- **Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers.**
North Sound BH-ASO no longer accepts, processes or stores any confidential data on optical disks. When data is required to be transported electronically and secure electronic transfer is unavailable, external thumb drives, hard drives, or secured mobile devices (laptop or tablet) will be used. These media devices must be whole disk encrypted prior to leaving the secured facility.
- **Paper documents.** Any paper records must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.
- **Access via remote terminal/workstation over the State Governmental Network (SGN).** Data accessed and used interactively over the SGN. Access to the data will be controlled by HCA staff who will issue authentication credentials (e.g. a unique user ID and complex password) to authorized Provider staff. The BH-ASO will notify HCA staff immediately whenever an authorized person in possession of such credentials is terminated or otherwise leaves the employ of the BH-ASO, and whenever a user's duties change such that the user no longer requires access to perform work for this contract.
- **Access via remote terminal/workstation over the Internet through Secure Access Washington.** Data accessed and used interactively over the SGN. Access to the data will be controlled by HCA staff who will issue authentication credentials (e.g. a unique user ID and complex password) to authorized BH-ASO staff. The BH-ASO will notify HCA staff immediately whenever an authorized person in possession of such credentials is terminated or otherwise leaves the employ of the BH-ASO and whenever a user's duties change such that the user no longer requires access to perform work for this contract.
- **Data storage on portable devices or media.**
 - HCA data shall not be stored by the BH-ASO on portable devices or media unless specifically authorized within the Special Terms and Conditions of the contract. If so authorized, the data shall be given the following protections:
 - Encrypt the data with a key length of at least 128 bits
 - Control access to devices with a unique user ID and password or stronger authentication method such as physical token or biometrics.
 - Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 10 minutes.
 - Physically protect the portable device(s) and/or media by

- Keeping them in locked storage when not in use
 - Using check-in/check-out procedures when they are shared, and
 - Taking frequent inventories
- When being transported outside of a secure area, portable devices and media with confidential HCA data must be under the physical control of BH-ASO staff authorized to access that data.
 - Portable devices include, but are not limited to; handhelds/PDAs, Ultramobile PCs, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook computers if those computers may be transported outside of a secure area.
 - Portable media includes, but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. thumb drives, hard drives, or backup tapes), or flash media (e.g. CompactFlash, SD, MMC).

Data Segregation

- HCA data must be segregated or otherwise distinguishable from non-HCA data. This is to ensure that when no longer needed by the BH-ASO, all HCA data can be identified for return or destruction. It also aids in determining whether HCA data has or may have been compromised in the event of a security breach.
- HCA data will be kept on media (e.g. hard disk, flash drives, tape, etc.) which will contain no non-HCA data. Or,
- HCA data will be stored in a logical container on electronic media, such as a partition or folder dedicated to HCA data. Or,
- HCA data will be stored in a database which will contain no non-HCA data. Or,
- HCA data will be stored within a database and will be distinguishable from non-HCA data by the value of a specific field or fields within database records. Or,
- When stored as physical paper documents, HCA data will be physically segregated from non-HCA data in a drawer, folder, or other container.
- When it is not feasible or practical to segregate HCA data from non-HCA data, then both the HCA data and the non-HCA data with which it is commingled must be protected as described in this exhibit.

Data Disposition

When the contracted work has been completed or when no longer needed, data shall be returned to HCA or destroyed. Media on which data may be stored and associated acceptable methods of destruction are as follows:

Data stored on:	Will be destroyed by:
Server or workstation hard disks, or Magnetic removable media (e.g. floppies, USB flash drives, portable hard disks, legacy Zip or similar disks)	Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data, or Degaussing sufficiently to ensure that the data cannot be reconstructed, or Physically destroying the disk
Paper documents with sensitive or confidential data	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of data will be protected.
Paper documents containing confidential information requiring special handling (e.g. protected health information)	On-site shredding, pulping, or incineration
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding

Notification of Compromise or Potential Compromise

The compromise or potential compromise of HCA shared data must be reported to the HCA Contact designated on the contract within one (1) business day of discovery.

Data shared with Sub-contractors

If HCA data provided under this contract is to be shared with a sub-contractor, the contract with the sub-contractor must include all the data security provisions within this contract and within any amendments, attachments, or exhibits within this contract. If the Provider cannot protect the data as articulated within this contract, then the contract with the sub-contractor must be submitted to the HCA Contact specified for this contract for review and approval.

Section 9.2: Management Information Systems

Provider shall ensure the existence and operation of an information system within their organization. It shall have the ability to be used internally, and to collect and report

data as required by North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO). This data shall be useable as management data for audit purposes and contain enough information to track termination from North Sound BH-ASO services. (42 CFR 434.53)

Provider shall notify North Sound BH-ASO of any change to their information system, at the time planning begins for implementation that will have any effect on the data submitted to or otherwise required to be collected by North Sound BH-ASO. Prior to implementing changes to production systems, Provider shall conduct testing as noted below.

Provider shall participate in the North Sound BH-ASO Technical Workgroup and information systems policy groups when requested by North Sound BH-ASO.

Provider shall comply with North Sound BH-ASO policies and procedures regarding quality, accuracy, and data reporting.

Periodically, North Sound BH-ASO may receive requests for information from Centers for Medicare and Medicaid Services (CMS), the legislature, Health Care Authority (HCA), etc., that may not be readily available in the North Sound BH-ASO Reporting System and require collection of this information from Provider. Provider shall ensure that the requested information is received in a manner that will allow North Sound BH-ASO to make a timely response to these inquiries.

North Sound BH-ASO Data Dictionary

The North Sound BH-ASO Data Dictionary can be found online at: <https://nsbhaso.org/for-providers/data-dictionary>. This set of documents describes the data, format, and content that is to be electronically submitted to North Sound BH-ASO.

- Provider shall provide all applicable data as described in the North Sound BH-ASO Data Dictionary.
- Provider shall participate in North Sound BH-ASO decisions related to North Sound BH-ASO Data Dictionary changes.
- Provider shall implement changes made to the North Sound BH-ASO Data Dictionary within the timeframe established by the North Sound BH-ASO. In the event of timelines for implementation of changes required or necessitated by either a court order or agreement resulting from a lawsuit or legislative action North Sound BH-ASO will provide as much notice as possible of the impending changes and provide specifications for the changes as soon as they are available. Provider will implement the changes required by the timeline established in the court order, legal agreement, or legislative action.
- Provider shall implement changes to the content of national standard code sets (such as Current Procedural Terminology [CPT] Codes, Healthcare Common

Procedural Coding System [HCPCS], Place of Service code sets) per the instructions and implementation schedule or deadline from the issuing organization.

Supplemental Data

- As of January 1, 2020, supplemental data transactions are required as outlined in the Behavioral Health Supplemental Transaction Data Guide. These transactions include supplemental data, including additional demographic and social determinate data, as well as service episode and outcome data necessary for federal Substance Abuse and Mental Health Services Administration (SAMHSA) block grant reporting, crisis, and other state reporting needs.

Testing

Prior to the implementation of any change which affects the data submitted to North Sound BH-ASO testing must be conducted and successfully completed.

1. Prior to moving changes into production systems, Provider shall submit test batches of the changes to the North Sound BH-ASO Test System.
2. Test batches must be generated from Provider test system and contain a variety of different scenarios related to the changes.
3. Depending on the testing being done North Sound BH-ASO will provide a standard batch report and/or detailed analysis of the test batch identifying issues, if any, to Provider.
4. Once North Sound BH-ASO approves testing of batches, Provider will be allowed to move changes into production systems. North Sound BH-ASO approval will be given after a test batch produces no errors or other mutually agreed upon amount of specific errors.

North Sound BH-ASO Data Elements

The North Sound BH-ASO Data Dictionary can be found online at: <https://nsbhaso.org/for-providers/data-dictionary>. This set of documents describes the data, format, and content that is to be electronically submitted to North Sound BH-ASO. The HCA's Behavior Health Supplemental Transaction Data Guide can be found at <https://www.hca.wa.gov/assets/billers-and-providers/Behavioral-Health-Data-Guide.pdf> and has information regarding rules for transactions.

1. Provider shall provide all applicable data as described in the North Sound BH-ASO Data Dictionary for the appropriate modality contracted.
2. Provider shall participate in North Sound BH-ASO decisions related to North Sound BH-ASO Data Dictionary changes.

3. Provider shall implement changes made to the North Sound BH-ASO Data Dictionary in the timeframe required by North Sound BH-ASO. In the event short timelines for implementation of changes are required or necessitated by either a court order or agreement resulting from a lawsuit or legislative action North Sound BH-ASO will provide as much notice as possible of the impending changes and provide specifications for the changes as soon as they are available. Provider will implement the changes required by the timeline established in the court order, legal agreement, or legislative action.
4. Provider shall implement changes to the content of national standard code sets (such as Current Procedural Terminology [CPT] Codes, Healthcare Common Procedural Coding System [HCPCS], Place of Service code sets) per the instructions and implementation schedule or deadline from the issuing organization.

Timeliness

At a minimum, Provider shall transmit data to North Sound BH-ASO once per week except as noted below.

Emergency Services

The provision of any emergency service shall be collected by the Provider information system and submitted to the North Sound BH-ASO in accordance with North Sound BH-ASO Policy 4205 and 42XX. Emergency services are those that are reported in conjunction with the following Supplemental Data transactions:

1. Designated Crisis Responder (DCR) Investigation (160.02)
2. Mobile Crisis Response (MobileResp) (165.02)
3. Involuntary Treatment Act (ITA) Hearing (162.02)

Timely Data Submission

Providers will comply with data submission requirements established by North Sound BH-ASO/HCA for all services funded under the Contract.

Required data must be reported by the 5th calendar day of the close of each calendar month in which the event occurred. For example:

- A non-crisis encounter that occurred in January shall be submitted no later than the 5th of February to be considered submitted timely.
A change in a client's address that occurred in March must be reported by the 5th of April.

Error Resolution

After North Sound BH-ASO processes your submitted batches, a batch report will be generated that will show each record submitted per the North Sound BH-ASO Data Dictionary, if it successfully passed validation rules, and any errors that may be applicable to the records. Validation rules applied to submitted records can be found in the North Sound BH-ASO Data Dictionary. This batch report will be made available in Provider 'Outbound' directory on the North Sound BH-ASO SFTP site.

Certain errors may appear in your batch reports that are not able to be corrected. Corrections to non-correctable errors are not expected to be acted upon and will not show up in other error-related reports. Some of these errors include:

- Requesting to delete a record that does not exist in the North Sound BH-ASO Reporting System.
- Submitting a service that is over one year old.
- Submitting a duplicate service.

Provider shall make corrections in their data system for any record that errors and submit the corrected data to North Sound BH-ASO in a new batch within 10 calendar days of the batch report being generated. Provider shall maintain the originally submitted record key when submitting corrections.

Additional Data Cleanup Reports

North Sound BH-ASO will routinely generate additional data cleanup reports that will be provided to Provider. Provider shall go through said reports within 10 calendar days and do one of the following:

- Work with North Sound BH-ASO staff to make the necessary corrections; or
Notify North Sound BH-ASO staff that the record(s) on the cleanup report is/are correct.

Business Continuity and Disaster Recovery

Provider shall create and maintain a Business Continuity and Disaster Recovery Plan (BCDRP) that ensures timely reinstatement of the consumer information system following total loss of the primary system or a substantial loss of functionality. The plan must be in written format, have an identified update process (at least annually) and a copy must be stored off site.

Provider BCDRP must address, at a minimum, the following:

- A mission or scope statement;
- An appointed Information Services Disaster Recovery Staff;

- Provisions for backup of key personnel, identified emergency procedures, and visibly listed emergency telephone numbers;
- Procedures for allowing effective communication, applications inventory and business recovery priority, and hardware and software vendor list;
- Confirmation of updated system and operations documentation;
- Process for frequent backup of systems and data;
- Off-site storage of system and data backups;
- Ability to recover data and systems from backup files;
- Designated recovery options which may include use of a hot or cold site;
- Evidence that disaster recovery tests or drills have been performed.

Other Policies and Procedures related to this section:

- Policy Series 4000: *Information Systems and HIPAA Policies* (click [here](#))
- Policy Series 4200: *Consumer Information Systems Policies* (click [here](#))
- Policy #4022.00 *Business Continuity and Disaster Recovery (BCDR)* (click [here](#))
- Policy #4024.00 *Incident Response Plan (IRP)* (click [here](#))

Chapter Ten

Protected Health Information (PHI)

North Sound BH-ASO's Commitment to Privacy

Protecting the privacy of Individuals' personal health information is a core responsibility that North Sound BH-ASO takes very seriously. North Sound BH-ASO is committed to complying with all Federal and State Laws regarding the privacy and security of Individuals' protected health information (PHI).

Provider Responsibilities

North Sound BH-ASO expects that its contracted Provider will respect the privacy of North Sound BH-ASO Individuals (including North Sound BH-ASO individuals who are not in service with the Provider) and comply with all applicable laws and regulations regarding the privacy of an individuals' PHI.

Applicable Laws

Providers must understand all State and Federal health care Privacy Laws applicable to their practice and organization. Currently, there is no comprehensive regulatory framework that protects all health information in the United States; instead, there is a patchwork of Laws that Providers must comply with. In general, most health care Providers are subject to various Laws and regulations pertaining to privacy of health information, including, without limitation, the following:

- Compliance with Laws:
 - a. 45 CFR Parts 160, 164 and subparts A and E of Part 164 (HIPAA) the "Health Insurance Portability and Accountability Act of 1996" and its implementing regulations;
 - b. The Health Information Technology for Economic and Clinical Health Act (HITECH)
 - c. 42 CFR Part 2 (Part 2) "confidentiality of SUD Individual Records"
 - d. 42 CFR 432.300-431.307 "State Organization and General Administration", "Safeguarding Information on Applicants and Recipients";
 - e. RCW 70.02.005 "Uniform Health Care Information Confidentiality Act"; and
 - f. RCW 70.02.230
- State Medical Privacy Laws and Regulations

Providers should be aware that HIPAA provides a floor for individual privacy but that State Laws should be followed in certain situations,

especially if the State Law is more stringent than HIPAA. Providers should consult with their own legal counsel to address their specific situation.

Uses and Disclosures of PHI

Workforce members will use and disclose PHI only as permitted under Policy 2522.00: Uses and Disclosures of PHI and by HIPAA, Part 2 and Washington law. Workforce members will provide additional protections for Part 2 Information, mental health information, and sexually transmitted disease information as Required by Law. See also Policy # 2522.00 *Uses and Disclosures of Protected Health Information*.

- **Minimum Necessary**

When using, disclosing, or requesting PHI, Workforce members will make reasonable efforts to limit the use, disclosure, or request to the minimum necessary to accomplish the intended and permissible purpose of the use, disclosure, or request, to the extent required by HIPAA, Part 2, Washington law and in accordance with Policy #2509.00 *Minimum Necessary*. For example, it would be improper to disclose everything in an Individual's file if the recipient of the information needs only one (1) specific piece of information. A general guideline for disclosure of confidential information is to disclose only the minimum necessary, for only as long as is necessary and to only necessary recipients considering the purpose of the communication.

- **Authorization**

For any uses and disclosures of PHI not specifically permitted by law or Required by Law, Providers must obtain an authorization by the Individual or the Individual's Authorized Representative. See Policy #2521.00: *Authorization for Use and Disclosure of Protected Health Information (PHI)*.

- **No Marketing or Sale of PHI**

Providers will not engage in Marketing or Sale of PHI unless it meets an exception recognized by HIPAA and Washington law or obtains a valid authorization by or on behalf of the Individual.

Inadvertent Disclosures of PHI

North Sound BH-ASO may, on occasion, inadvertently misdirect or disclose PHI pertaining to North Sound BH-ASO Individual(s) who are not the clients of the Provider. In such cases, the Provider shall return or securely destroy the PHI of the affected North Sound BH-ASO Individual in order to protect their privacy. The Provider agrees to not further use or disclose such PHI, unless otherwise permitted by Law.

Written Authorizations

Uses and disclosures of PHI that are not permitted or required under applicable Law require the valid written authorization of the Individual. Authorizations should meet the requirements of HIPAA and applicable State Law..

Privacy Rights

Individuals are afforded various rights under HIPAA. North Sound BH-ASO Providers must allow Individuals to exercise any of the below-listed rights that apply to the Provider's practice:

- **Notice of Privacy Practices**
Providers that are covered under HIPAA and that have a direct treatment relationship with the Individual should provide individuals with a notice of privacy practices that explains privacy rights and the process the individual should follow to exercise those rights. The Provider should obtain a written acknowledgment that the Individual received the notice of privacy practices.
- **Requests for Restrictions on Uses and Disclosures of PHI**
Individuals may request that a health care Provider restrict its uses and disclosures of PHI. The Provider is not required to agree to any such request for restrictions.
- **Requests for Confidential Communications**
Individuals may request that a health care Provider communicate PHI by alternative means or at alternative locations. Providers must accommodate reasonable requests by the individual.
- **Requests for Access to PHI**
Individuals have a right to access their own PHI within a Provider's designated record set. Personal representatives of Individuals have the right to access the PHI of the subject Individual. The designated record set of a Provider includes the Individual's medical record, as well as billing and other records used to make decisions about the Individual's care or payment for care.
- **Request to Amend PHI**
Individuals have a right to request that the Provider amend information in their designated record set.
- **Request Accounting of PHI Disclosures**
Individuals may request an accounting of disclosures of PHI made by the Provider during the preceding ten (10) year period. The list of disclosures does not need to include disclosures made for treatment, payment, or health care operations or made prior to April 14, 2003.

PHI Security

Providers must implement and maintain reasonable and appropriate safeguards to protect the confidentiality, availability, and integrity of North Sound BH-ASO Individual and PHI. As more Providers implement electronic health records, Providers need to ensure that they have implemented and maintain appropriate cyber security measures. Providers should recognize that identity theft – both financial and medical -- is a rapidly growing problem and that their Individuals trust their health care. Providers are to keep their most sensitive information private and confidential.

Medical identity theft is an emerging threat in the health care industry. Medical identity theft occurs when someone uses a person's name and sometimes other parts of their identity –such as health insurance information—without the person's knowledge or consent to obtain health care services or goods. Medical identity theft frequently results in erroneous entries being put into existing medical records. Providers should be aware of this growing problem and report any suspected fraud to North Sound BH-ASO.

PHI Transactions and Code Sets

North Sound BH-ASO requires the use of electronic transactions to streamline health care administrative activities. North Sound BH-ASO Providers must submit Claims and other transactions to North Sound BH-ASO using electronic formats. Certain electronic transactions in health care are subject to HIPAA's Transactions and Code Sets Rule including, but not limited to, the following:

1. Claims and Encounters
2. Member eligibility status inquiries and responses
3. Claims status inquiries and responses
4. Authorization requests and responses
5. Remittance advices

North Sound BH-ASO is committed to complying with all HIPAA and Part 2 Transaction and Code Sets standard requirements. Providers should refer to North Sound BH-ASO's website at <https://www.nsbhaso.org> for additional information regarding HIPAA standard transactions.

National Provider Identifier

Provider must comply with the National Provider Identifier (NPI) Rule promulgated under HIPAA. The Provider must obtain an NPI from the National Plan and Provider Enumeration System (NPPES) for itself or for any subparts of the Provider. The Provider must report its NPI and any subparts to North Sound BH-ASO and to any other entity that requires it. Any changes in its NPI or subparts information must be reported to NPPES within thirty (30) days and should also be reported to North Sound BH-ASO

within thirty (30) days of the change. Providers must use their NPI to identify it on all electronic transactions required under HIPAA and on all Claims and Encounters submitted to North Sound BH-ASO.

42 CFR Part 2

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 an SUD or has been treated by a Part 2 Program.

Part 2 Program means a federally assisted program engaged in the provision of SUD diagnosis, treatment, or referral for treatment. Part 2 means those regulations at 42 CFR Part 2 related to the confidentiality of substance use treatment information.

Business Associate and Qualified Service Agreements

North Sound BH-ASO will determine whether any vendor, independent contractor, or Subcontractor is a Business Associate and/or a Qualified Service Organization (QSO). The North Sound BH-ASO will not permit a Business Associate/QSO to create, receive, maintain, or transmit any PHI, including Part 2 information, unless the Business Associate QSO first provides written assurances, usually in the form of a BAA/QSO.

Business Associate Agreement (BAA)

A BAA is 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. North Sound BH-ASO, at times, will be contracting both with Business Associates and as a Business Associate.

Qualified Service Organization or "QSO"

A person or entity who provides services to a Part 2 Program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, accounting, population health management, medical staffing, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy, and has entered into a written Qualified Service Agreement (QSA) or QSOA with a Part 2 Program.

Additional Requirements for Delegated Providers

Providers that are delegated for Utilization Management activities are the “business associates” of North Sound BH-ASO. Under HIPAA and 42 CFR Part 2 North Sound BH-ASO must obtain contractual assurances from all business associates that they will safeguard PHI. Delegated Providers must agree to various contractual provisions required under HIPAA’s Privacy and Security Rules.

Other Policies and Procedures related to this section:

- Privacy Policy Series #2500 (click [here](#))

Chapter Eleven

PROGRAM INTEGRITY

Compliance and Oversight Monitoring

Definitions

Fraud: "Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law. (42 CFR § 455.2)

Waste: Health care spending that can be eliminated without reducing the quality of care. Quality waste includes overuse, underuse, and ineffective use. Inefficiency waste includes redundancy, delays, and unnecessary process complexity. An example would be the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome resulted in poor or inefficient billing methods (e.g., coding) causing unnecessary costs to the Medicaid program.

Abuse: Actions that may, directly or indirectly, result in unnecessary costs to the Medicaid Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the Provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between "fraud" and "abuse" depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

Fraud, Waste, and Abuse

North Sound BH-ASO is dedicated to the detection, prevention, investigation, and reporting of potential health care fraud, waste, and abuse. As such, North Sound BH-ASO's Compliance program maintains a comprehensive plan, which addresses how North Sound BH-ASO will uphold and follow state and federal statutes and regulations pertaining to fraud, waste, and abuse. The plan also addresses fraud, waste and abuse prevention and detection along with and the education of appropriate employees, vendors, Providers and associates doing business with North Sound BH-ASO.

North Sound BH-ASO regards behavioral health care fraud, waste and abuse as unacceptable, unlawful, and harmful to the provision of quality health care in an efficient and affordable manner. North Sound BH-ASO has therefore implemented a plan to prevent, investigate, and report suspected health care fraud, waste and abuse in order to reduce health care cost and to promote quality behavioral health care.

North Sound BH-ASO requires all Providers to have the following safeguards in place to prevent Fraud, Waste, and Abuse:

1. A process to inform employees of the False Claims Act;
2. An administrative procedure to detect and prevent fraud, waste, and abuse outlined in the Provider compliance plan;
3. Standards of conduct that articulate the Providers commitment to comply with all North Sound BH-ASO and applicable federal and state standards;
4. The designation of a compliance officer and a compliance committee that is accountable to senior management;
5. Effective lines of communication between the compliance officer and employees;
6. Enforcement of standards through well-publicized disciplinary policies;
7. Provision for internal monitoring and auditing of services provided;
8. Provision for prompt response to detected violations, and for development of corrective action initiatives;
9. Provision of detailed information to employees regarding fraud and abuse policies and procedures and the False Claims Act and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

Examples of Fraud, Waste and Abuse by a Provider

The types of questionable Provider schemes investigated may include, but are not limited to the following:

1. A physician knowingly and willfully referring a Medicaid Individual to health care facilities in which or with which the physician has a financial relationship. (Stark Law)
2. Altering claims and/or medical record documentation in order to get a higher level of reimbursement.
3. Balance billing individuals for covered services. This includes asking the individual to pay the difference between the discounted and negotiated fees, and the Provider's usual and customary fees.
4. Billing and providing for services to individuals that are not medically necessary.
5. Billing for services, procedures and/or supplies that have not been rendered.
6. Billing under an invalid place of service in order to receive or maximize reimbursement.
7. Completing certificates of Medical Necessity for individuals not personally and professionally known by the Provider.
8. Concealing an individual's misuse of a health insurance identification card.
9. Failing to report an individual's forgery or alteration of a prescription or other medical document.
10. False coding in order to receive or maximize reimbursement.

11. Inappropriate billing of modifiers in order to receive or maximize reimbursement.
12. Inappropriately billing of a procedure that does not match the diagnosis in order to receive or maximize reimbursement.
13. Knowingly and willfully soliciting or receiving payment of kickbacks or bribes in exchange for referring Individuals.
14. Not following incident to billing guidelines in order to receive or maximize reimbursement.
15. Overutilization
16. Participating in schemes that involve collusion between a Provider and an individual that result in higher costs or charges.
17. Questionable prescribing practices.
18. Unbundling services in order to get more reimbursement, which involves separating a procedure into parts and charging for each part rather than using a single global code.
19. Upcoding, which is when a Provider does not bill the correct code for the service rendered, and instead uses a code for a like services that costs more.
20. Using the adjustment payment process to generate fraudulent payments.

Examples of Fraud, Waste, and Abuse by an Individual

The types of questionable Individual schemes investigated may include, but are not limited to, the following:

- Benefit sharing with persons not entitled to the individual's benefits.
- Conspiracy to defraud Medicaid, North Sound BH-ASO or other provider of services.
- Doctor shopping, which occurs when an Individual consults a number of Providers for the purpose of inappropriately obtaining services.
- Falsifying documentation in order to get services approved.
- Forgery related to health care.
- Prescription diversion, which occurs when an individual obtains a prescription from a Provider for a condition that they do not suffer from and the individual sells the medication to someone else.

Federal False Claims Act

The False Claims Act is a Federal statute that covers fraud involving any Federally funded contract or program. The act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent Claim to the U.S. Government for payment.

The term "knowing" is defined to mean that a person with respect to information:

1. Has actual knowledge of falsity of information in the Claim;

- a. Acts in deliberate ignorance of the truth or falsity of the information in a Claim; or Acts in reckless disregard of the truth or falsity of the information in a Claim.

The act does not require proof of a specific intent to defraud the U.S. Government. Instead, health care Providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent Claims to the Government, such as knowingly making false statements, falsifying records, double-billing for items or services, submitting bills for services never performed or items never furnished or otherwise causing a false Claim to be submitted.

Washington State False Claims Act

In 2012, the State of Washington passed the Washington State Medicaid Fraud False Claims Act ("Washington Medicaid FCA"), its own version of the federal False Claims Act ("FCA"). The Washington Medicaid FCA allows private individuals who know about Medicaid fraud to bring a qui tam case against a person or entity for submitting or causing the submission of false claims to the State. As its title indicates, the Washington Medicaid FCA only applies to fraud against Washington's Medicaid Program, called Apple Health.

Like the federal FCA, the Washington Medicaid FCA offers financial rewards to whistleblowers for bringing an action on behalf of the State. If the State decides to intervene in a case, the whistleblower may receive 15-25% of the recovery. If the State does not intervene and the whistleblower pursues the case on their own, they may receive 25-30% of the recovery.

Deficit Reduction Act

On February 8, 2006, the Deficit Reduction Act ("DRA") was signed into Law, which became effective on January 1, 2007. The DRA aims to cut fraud, waste and abuse from the Medicare and Medicaid programs.

Health care entities like North Sound BH-ASO who receive or pay out at least \$5 million dollars in Medicaid funds per year must comply with the DRA. As a Provider doing business with North Sound BH-ASO, Providers and their staff have the same obligation to report any actual or suspected violation of Medicare/Medicaid funds either by fraud, waste or abuse. Entities must have written policies that inform employees, Providers, and agents of the following:

1. The Federal False Claims Act and state Laws pertaining to submitting false claims;
2. How Providers will detect and prevent fraud, waste, and abuse;
3. Employee protection rights as a whistleblower.

The Federal False Claims Act and the Medicaid False Claims Act have Qui Tam language commonly referred to as “whistleblower” provisions. These provisions encourage employees (current or former) and others to report instances of fraud, waste or abuse to the government. The government may then proceed to file a lawsuit against the organization/individual accused of violating the False Claims acts. The whistleblower may also file a lawsuit independently. Cases found in favor of the government will result in the whistleblower receiving a portion of the amount awarded to the government.

Whistleblower protections state that employees who have been discharged, demoted, suspended, threatened, harassed or otherwise discriminated against due to their role in disclosing or reporting a false claim are entitled to all relief necessary to make the employee whole including:

- Employment reinstatement at the same level of seniority;
- Two times the amount of back pay plus interest;
- Compensation for special damages incurred by the employee as a result of the employer’s inappropriate actions.

Affected entities who fail to comply with the Law will be at risk of forfeiting all Medicaid payments until compliance is met.

Review of Provider Claims and Claims System

North Sound BH-ASO fiscal/claims staff are trained to recognize unusual billing practices and to detect fraud, waste and abuse. If the Fiscal/Claims staff suspects fraudulent, abusive or wasteful billing practices, the billing practice is documented and reported to the Compliance Officer.

The Claims payment system utilizes system edits and flags to validate those elements of Claims that are billed in accordance with standardized billing practices; ensure that Claims are processed accurately and ensure that payments reflect the service performed as authorized.

North Sound BH-ASO performs auditing to ensure the accuracy of data input into the Claims system. The Fiscal/Claims department conducts regular audits to identify system issues or errors. If errors are identified, they are corrected, and a thorough review of system edits is conducted to detect and locate the source of the errors.

Investigation and Post-payment Recovery Activities

The terms expressed in this section of this Supplemental Provider Service Guide (SPSG) are incorporated into the Provider and are intended to supplement, rather than diminish, any and all other rights and remedies that may be available to North Sound BH-ASO under the Provider Agreement or at Law or equity. In the event of any inconsistency between the terms expressed here and any terms expressed in the

Provider Agreement, the parties agree that North Sound BH-ASO shall, in its sole discretion, exercise the terms that are expressed in the Provider Agreement, the terms that are expressed here, its rights under Law and equity, or some combination thereof.

Provider will provide North Sound BH-ASO, HCA, and other governmental agencies and their representatives or agents, access to examine, audit, and copy any and all records deemed necessary to determine compliance with the terms of the Provider Agreement, including for the purpose of investigating potential fraud, waste and abuse. Documents and records must be readily accessible at the location where the Provider provides services. The Provider shall assist the auditing agency during the review, including the provision of records. Auditable documents and records include, but are not limited to, medical charts; billing records; financial records; any record related to services rendered, quality, appropriateness, and timeliness of service; any record relevant to an administrative, civil or criminal investigation or prosecution; and coordination of benefits information. Production of auditable documents and records must be provided in a timely manner, as requested by North Sound BH-ASO and without charge to North Sound BH-ASO. In the event North Sound BH-ASO identifies fraud, waste or abuse, the Provider agrees to repay funds or North Sound BH-ASO may seek recoupment.

If a North Sound BH-ASO auditor is denied access to Provider's records, all of the Claims for which the Provider received payment from North Sound BH-ASO is immediately due and owing. If the Provider fails to provide all requested documentation for any Claim, the entire amount of the paid Claim is immediately due and owing. North Sound BH-ASO may offset such amounts against any amounts owed by North Sound BH-ASO to the Provider. Claims for which Provider fails to furnish supporting documentation during the audit process are not reimbursable and are subject to recoupment.

Information on Persons Convicted of Crimes and Reporting

The North Sound BH-ASO will not contract with any Provider that is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded in any Washington State or federal department or agency from participating in transactions. The Provider shall immediately notify North Sound BH-ASO should the Provider become debarred. North Sound BH-ASO may immediately terminate the Provider contract by giving written notice as detailed in the contract. North Sound BH-ASO will provide the following information to HCA in any instance in which a Provider contract is terminated:

- Individual provider/entities' name;
- Individual provider/entities NPI number;
- Source of termination;
- Nature of the termination; and
- Legal action against the individual/entities

Along with notifying North Sound BH-ASO, the Provider will investigate and disclose to HCA, at contract execution or renewal, and upon request of HCA, the identity 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.

North Sound BH-ASO requires each contracted Provider to conduct monthly exclusionary checks to determine if an employed individual is excluded from participation in Federal and State programs. Each Provider must submit the Exclusion Attestation Form found at the North Sound BH-ASO website and found in Forms and Reports in this document and notify North Sound BH-ASO of any excluded employed individual that was identified. North Sound BH-ASO will not provide payment for any services provided by an excluded individual. North Sound BH-ASO may recoup payments for any services that were provided by an excluded individual.

Provider Training

All providers are required to conduct or participate in annual Compliance Fraud, Waste, and Abuse training as outlined in the North Sound BH-ASO Program Integrity Plan. Each contracted Provider is required to submit the annual Compliance Training Attestation found [here](#), indicating all Provider staff have participated in and been assessed on Compliance Fraud, Waste, and Abuse by November 30th. North Sound BH-ASO provides the recommended training via the attestation sheet. If a Provider wishes to utilize their own training materials, then they must send them to compliance_officer@nsbhaso.org for approval.

When North Sound BH-ASO identifies through an audit or other means a situation with a Provider (e.g., coding, billing) that is either inappropriate or deficient, North Sound BH-ASO may determine that a Provider education visit is appropriate.

Reporting Fraud, Waste and Abuse

North Sound BH-ASO Providers have a responsibility to raise questions about business ethics and regulatory compliance, to report incidents of potential non-compliance and to report suspected fraud and abuse identified during performing work responsibilities to North Sound BH-ASO Compliance Officer.

A Provider employee may report any potential fraud or abuse to their supervisors who must then report the suspected misconduct to their agency's Compliance Officer, who in turn reports to North Sound BH-ASO Compliance Officer.

A report may be made by individuals, BHA providers or their employees, or North Sound BH-ASO employees to the North Sound BH-ASO Compliance Officer using one of the following options:

North Sound BH-ASO Supplemental Service Provider Guide

- In person, to North Sound BH-ASO Compliance Officer;
- Faxing a report to North Sound BH-ASO Compliance Officer at 360.899.4754;
- Anonymously and confidentially calling the North Sound BH-ASO Compliance Hotline at (360) 416-7013 Extension 617 or (800) 684-3555 Extension 617;
- By E-mail to Compliance Officer at compliance_officer@nsbhaso.org; or
- Mailing a written concern or report to:

Compliance Officer
North Sound Behavioral Health Administrative Services
Organization
2021 E. College Way, Suite 101
Mt. Vernon, WA 98273
(Please identify as Confidential on outside of envelope)

You may also report cases of fraud, waste or abuse using one of the above options. You have the right to have your concerns reported anonymously without fear of retaliation.

Remember to include the following information when reporting:

- Nature of complaint.
- The names of individuals and/or entity involved in suspected fraud and/or abuse including address, phone number, and any other identifying information.

Other Policies and Procedures related to this section:

- Policy #2001.00 *Program Integrity* (click [here](#))
- North Sound BH-ASO Program Integrity Plan (click [here](#))

Deliverables Related to this section:

- Exclusion Attestation Monthly Report (click [here](#))
- Compliance Training Attestation Statement (click [here](#))

Chapter Twelve

ADVANCE DIRECTIVE

Mental Health Advance Directives (MHAD) are written documents in which an individual makes a declaration of instructions or preferences regarding mental health treatment. An MHAD can also appoint an agent to make mental health decisions on an individual's behalf. Provider policy and procedure must be comply with RCW 71.32.

The Provider shall inform all individuals seeking outpatient mental health services and individuals with a history of frequent crisis system utilization of their right to a MHAD and shall provide technical assistance to those who express an interest in developing and maintaining a MHAD.

Providers shall maintain current copies of any MHADs in the Individual's record. Under no circumstances may any Provider refuse to treat an individual or otherwise discriminate against them because the individual has completed a MHAD.

Providers shall inform individuals that complaints concerning noncompliance with a MHAD should be referred to the Department of Health.

Other Policies and Procedures related to this section:

Chapter Thirteen

Office of Behavioral Health Advocacy

The Washington State Office of Behavioral Health Advocacy (OBAH) is certified and coordinates activities of behavioral health advocacy under Revised Code of Washington (RCW) 71.40. Services are provided to adults, youth, and families with minors and include:

- Assistance to individuals, families, and communities across WA State with behavioral health needs and concerns.
- Provide information and resources.
- Assistance with completing the Mental Health Directives.
- Identify, investigate, and resolve:
 - Complaints (Agency Level)
 - Grievance (Formal process at the funder level)
 - Appeal
 - Administrative Hearing Process

OBAH will include family members and their support at the request of the individual receiving behavioral health services. For more information about OBAH in the North Sound region, visit the OBAH North Sound Region website [here](#).

Other Policies and Procedures related to this section:

Chapter Fourteen

FAMILY YOUTH SYSTEM PARTNER ROUNDTABLE

Family Youth System Partner Roundtables (FYSPRT) are intended to provide leadership to the regional child/youth-serving Systems of Care and to promote proactive changes that will improve access to, and the quality of, services for families and youth with complex behavioral health challenges. The regional FYSPRT is called North Sound Youth and Family Coalition (YFC). YFC provides a forum for regional information exchange and problem solving, as well as an opportunity for identifying and addressing barriers to providing comprehensive behavioral health services and supports to children and youth.

Consistent with the FYSPRT Manual and Resource Guide, the North Sound BH-ASO will develop, promote, and support the regional FYSPRT by providing administrative and staff support for the performance of work as defined in the HCA Contract.

North Sound YFC has a tri-lead structure wherein youth, family, and system partners are recruited by North Sound BH-ASO staff to create agendas, facilitate meetings, identify and promote leadership opportunities for youth and families, and guide the development of the group. Members may be youth who have accessed behavioral health services, family members, or system partners who work in organizations that serve children, youth, and families. YFC aims for 51% of its members to identify as either youth or family partners.

As the convener, North Sound BH-ASO is responsible for outreach, engagement, and recruitment of both tri-leads and members, onboarding and activating tri-leads in their roles, and providing all the support YFC needs to reach its goals.

YFC's organizational documents, including the charter, work plan, meeting agendas, meeting minutes, and other resources are all posted on the website:

<https://www.northsoundyfc.com/>.

Other Policies and Procedures related to this section:

Chapter Fifteen

FEDERAL BLOCK GRANT

All activities and services shall be performed in accordance with the Contract and according to the terms set forth by the North Sound BH-ASO Behavioral Health Advisory Board-approved Mental Health Block Grant (MHBG) project plan and Substance Abuse Block Grant (SABG) project plan.

Federal Block Grant (FBG) funds may not be used to pay for services provided prior to the execution of the contracts, or to pay in advance of service delivery. All contracts and amendments must be in writing and executed by both parties prior to any services being provided.

FBG fee-for-service, set rate, performance-based, Cost Reimbursement, and lump sum contracts shall be based on reasonable costs.

North Sound BH-ASO shall conduct and/or make arrangements for an annual fiscal review of each Provider receiving FBG funds through fee-for-service, set rate, performance-based or cost reimbursement contracts. The annual fiscal review shall ensure that:

- Expenditures are accounted for by revenue source.
- No expenditures were made for items identified below
 - Construction and/or renovation.
 - Capital assets or the accumulation of operating reserve accounts.
 - Equipment costs over \$5,000.
 - Cash payments to Individuals.

The Provider shall ensure that FBG funds are used only for services to individuals who are not enrolled in Medicaid or for services that are not covered by Medicaid as described below:

Benefits	Services	Use FBG	Use Medicaid
Individual is not a Medicaid recipient	Any type	Yes	No
Individual is a Medicaid recipient	Allowed under Medicaid	No	Yes
Individual is a Medicaid recipient	Not allowed under Medicaid	Yes	No

The Provider and its Subcontractors shall not charge or accept additional fees from any individual, relative, or any other person, for FBG services provided under this Contract other than those specifically authorized by North Sound BH-ASO. In the event the Provider or its Subcontractor charges or accepts prohibited fees, North Sound BH-ASO shall have the right to assert a claim against the Provider or its Subcontractors on behalf of the individual, per Chapter 74.09 RCW. Any violation of this provision shall be deemed a material breach of the Contract.

North Sound BH-ASO shall reduce the amount paid to providers by any sliding fee schedule amounts collected from Individuals in accordance with Policy.

The Provider shall notify North Sound BH-ASO when Federal Block Grant funded PPW and IUID services are at 90% capacity.

Upon request by North Sound BH-ASO/HCA, the Provider shall attend or send a representative to the Washington State Behavioral Health Advisory Committee meetings to discuss priorities for future FBG supported services.

FBG requires annual peer reviews by individuals with expertise in the field of mental health treatment (for MHBG) and by individuals with expertise in the field of drug use treatment (for SABG) consisting of at least five percent (5%) of treatment providers. North Sound BH-ASO and Providers shall participate in a peer review process when requested HCA (42 U.S.C. 300x- 53 (a) and 45 C.F.R. 96.136, MHBG Service Provisions).

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under the Federal Drug Administration (FDA)- approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned substance under federal law.

The Provider shall submit regional MHBG and SABG Final Reports annually for services provided in the prior state fiscal year. Reports must be provided on the current templates. See Reports Section for Federal Block Grant Annual Progress Reports.

Federal Block Grant expenditures shall be reported monthly on the MHBG Expenditure Report, SABG expenditure report and the A-19.

Other Policies and Procedures related to this section:

- Policy #1532.00 *Residential Placement for Mental Health Treatment* (click [here](#))
- Policy #1590.00 *Substance Abuse Block Grant (SABG) Priority Populations and Waiting Lists* (click [here](#))
- Policy #3055.00 *State General Funds & Federal Block Grant Allocation Plan* (click [here](#))

Deliverables related to this section:

- Federal Block Grant Annual Progress Report (click [here](#))

Section 15.1: **Program for Assistance in Transition from Homelessness**

Program for Assistance in Transition from Homelessness (PATH) is a homeless outreach program in Snohomish County. A SAMHSA Grant designed to engage and enroll individuals who are homeless in PATH to quickly re-house individuals and families to minimize trauma and dislocation, promote access to and effective utilization of mainstream programs and optimize self-sufficiency among individuals and families experiencing homelessness. Federal Award Identification for Subrecipients 2 CFR 200.331.

Eligibility

- Adults over the age of 18 who is homeless or at imminent risk of homelessness with a diagnosable and persistent mental or emotional impairment that seriously limits the individual's major life activities, and also individuals who have Co-Occurring Substance Use Disorders.

Priority Populations

- Special consideration to services for veterans, and strongly encourage to work closely with entities that demonstrate effectiveness in serving homeless veterans
- Services for the chronic homeless population

Outreach efforts focused on individuals who are homeless or chronically homeless.

Services

PATH services and activities must be consistent with PL 101-645 Title V, Subtitle B and the Intended Use Plan (IUP) submitted by the Provider of PATH services. Services shall be culturally competent, professional, effective and provided in the least intrusive manner in locations where PATH eligible individuals may be found and served. PATH enrolled individuals and families are screened for benefits, to include but limited to the following:

- Services include, but not limited to emergency, psychiatric, medical, residential, employment and community support services;
- Housing and resources;
- Veterans' services;
- SSI/SSDI or other disability and financial benefits;
- American Indian benefits;
- Economic services;
- Medical services;
- Substance Use Disorder treatment; and
- Vocational rehabilitation services.

Provider must provide services and activities described in the approved IUP. It shall be the basis for PATH services. Services will:

- Be culturally competent, professional and effective;
- Provided in the least restrictive manner in locations where PATH eligible individuals may be found and served;
- Number of individuals identified on the IUP are served;
- Achieve or exceed national PATH Government Performance and Results Act (GPRA) performance measures in delivery and cost;
- Maintain staffing levels as described in the IUP;
- Entered into HMIS

Provider may not exclude individuals from mental health services due to the existence or suspicion of a Substance Use Disorder. Nor have a policy excluding individuals from Substance Use Disorder services due to the existence or suspicion of a mental illness. The Provider may not expend more than 20% of PATH funds for housing services and the Provider shall not have a policy excluding individuals from any of the following:

- Mental health services due to the existence or suspicion of a Substance Use Disorder; and
- Substance Use Disorder services due to the existence or suspicion of a Mental Illness.

PATH funds may be used only for expenses clearly related and necessary to carry out the Provider's IUP, approved services and activities. No payments shall be made to support emergency shelters, construction of housing facilities, inpatient psychiatric or substance use treatment or to make any cash payments to intended recipients of mental health or substance use services.

Section 15.2: **Peer Pathfinder Homeless Outreach Program**

Peer Pathfinder is a specific grant funded under the State-Targeted Response to the Opioid Use Disorder (OUD), individuals with OUD re-entering the community from juvenile and adult correctional facilities, homeless with OUD, individuals with OUD living in rural/frontier communities and tribal communities. Individuals with OUD who are at risk of overdose. The Provider will ensure Peer Pathfinder peer project meets the following goals:

- Conduct outreach and establish connections with local emergency rooms;
- Conduct outreach to individuals in locations that are not meant for habitation;
- Connect to mainstream resources; and
- Connect with OUD Treatment.

Peer Pathfinder services are paid on performance as outlined in the contract. Federal Award Identification for Subrecipients (SOR II Grant) 2 CFR 200.331

Other Policies and Procedures related to this section:

- Policy #1590.00 *Substance Abuse Block Grant (SABG) Priority Populations and Waiting Lists* (click [here](#))
- Peer Pathfinder Homeless Outreach Program Statement of Work (click [here](#))

Deliverables related to this section:

- Peer Pathfinder Monthly Outreach and Engagement Homeless Management Information System (HMIS) Report
- Quarterly Peer Pathfinder Activities Report

Chapter Sixteen

CLINICAL PRACTICE GUIDELINES

North Sound BH-ASO, under the oversight of the Behavioral Health Medical Director, maintains behavioral health clinical practice guidelines known to be effective in improving outcomes. Our Clinical Practice Guidelines are based on the following:

- Valid and reliable clinical scientific evidence;
- In the absence of scientific evidence, professional standards; or
- In the absence of scientific evidence and professional standards, a consensus of Health Care Professionals in the particular field.

North Sound BH-ASO adheres to guidelines from recognized sources that develop or promote evidence-based clinical practice guidelines such as the American Psychiatric Association (APA) or the American Academy of Child and Adolescent Psychiatry (AACAP), National Institute of Health Centers, or Substance Abuse Mental Health Services Administration (SAMHSA).

The guidelines:

- Consider the needs of Individuals and support them and their family involvement in care plans.
- Should be used as a resource for Crisis Planning and Risk Assessments.
- Are adopted in consultation with contracting Behavioral Health Professionals within the state of Washington.

The North Sound BH-ASO Provider BHA Network is encouraged to utilize guidelines from recognized sources that develop or promote evidence-based clinical practice. BHA's are encouraged to utilize the North Sound BH-ASO guidelines or other similar practice guidelines from recognized sources as a training and supervision tool for direct service clinical staff.

If North Sound BH-ASO's guidelines do not fully represent priority populations or targeted services delivered by a BHA, the BHA must participate in the development of guidelines that:

- a. Consider the needs of Individuals and support Individual and family involvement in care plans;
- b. Be implemented in concert with the ethnic, cultural and linguistic characteristics of its Individuals;
- c. Be adopted in consultation with contracting Behavioral Health Professionals within the state of Washington;
- d. Be reviewed and updated at least every two (2) years and more often if national

guidelines change during that time to ensure their ongoing compliance with requirements and clinical relevance.

Other Policies and Procedures related to this section:

- Policy #1508.00 *Clinical Practice Guidelines* (click [here](#))
- Policy #1508.01 *Practice Guidelines Elements* (click [here](#))

Chapter Seventeen

CARE COORDINATION

As appropriate to the terms of their contract, the Provider shall develop and implement protocols that promote coordination, continuity, and quality of care that address the following:

- Review of crisis safety plans and coordination of information for Individuals in crisis.
- Care for Individuals in alternative settings such as homeless shelters, permanent supported housing, nursing homes or group homes.
- Strategies to reduce unnecessary crisis system utilization.
- 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.
- 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.

To promote quality of care, the Provider shall coordinate with External Entities, as appropriate to the population they serve, including, but not limited to:

- Family Youth System Partner Roundtable (FYSPRT);
- Apple Health Managed Care Organizations;
- Tribal entities;
- Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);
- The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
- DSHS and other state agencies;
- State and federal agencies and local partners that manage access to housing;
- Education systems;
- Accountable Community of Health (ACH); and
- First Responders.

The Provider shall contact North Sound BH-ASO's clinical team to coordinate the transfer of Individual information, including initial assessments and care plans, with MCO's, other BH-ASOs, and Tribes and non-Tribal IHCPs, as needed when an Individual moves between regions or gains or loses Medicaid eligibility resulting in a significant change in services, to reduce duplication of services and unnecessary delays in service provision.

The Provider shall participate in disaster preparedness activities and respond to emergency/disaster events (e.g., natural disasters, acts of terrorism) when requested by North Sound BH-ASO, county, or local public health jurisdiction. The Provider shall attend state- sponsored training and participate in emergency/disaster preparedness planning when requested by North Sound BH-ASO, 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.

Other Policies and Procedures related to this section:

Policy #1517.00 *Coordination of Care with External Health Care Providers* (click [here](#))

Policy #1597.00 *Care Management and Coordination* (click [here](#))

Section 17.1: **Tribal Coordination**

The North Sound BH-ASO has a long-standing relationship with the North Sound Region Tribes. It is a relationship based on trust and respect. Our work with the local Tribes is a partnership working to create a culture that provides equity in services and opportunities to partner on reducing barriers to treatment. The North Sound BH-ASO and its Provider Network will work participate in the development of and follow the HCA-Tribal "Protocols for Coordination of Crisis Services" as they are developed with each Tribe.

Other Policies and Procedures related to this section:

- Policy #6003.00 *Protocols for Coordination with Tribes and Non-Tribal Indian Health Care Providers (IHCP)* (click [here](#))

Section 17.2: **Planning for Termination of Services**

Providers will plan for the termination of services with all individuals exiting services to ensure individuals and families have what they need to support ongoing recovery.

Comprehensive termination of services plans:

- Begin at the intake appointment and apply to all Individuals regardless of length of stay or whether they complete treatment.
- Coordinate exchange of assessment, admission, treatment progress, and continuing care information with the referring and referral entities.
- Establish referral relationships as appropriate to meet the ongoing needs of individuals and families including behavioral health services accepting health coverage that an individual or family might acquire during the episode of care, volunteer and vocational services, housing services, educational services, food access, primary healthcare, and other resources;

- Coordinate, as needed, with prevention services, vocational services, housing services and supports, and other community resources and services that may be appropriate, including the Division of Children and Families (DCYF), and the Economic Services Administration including Community Service Offices (CSOs).

Evaluation & Treatment Facility Discharge Planners

E&T Discharge Planners shall be provided within the identified resources in the Provider Contract. North Sound BH-ASO shall pay the Provider upon receipt and acceptance by North Sound BH-ASO of verification that an E&T Discharge Planner position has been fully staffed by an individual whose sole function is the E&T Discharge Planner role, as described in Policy.

Each E&T location shall have a designated E&T Discharge Planner. The E&T Discharge Planner shall develop and coordinate discharge plans that are: complex, multi system, mixed funding, and specific to Individuals that would otherwise be transferred to a state hospital. The plan shall track the Individual's progress upon discharge for no less than thirty (30) days after discharge from the E&T facility.

The Provider shall submit to North Sound BH-ASO the E&T Discharge Planner's reports that track the total number of all discharges from their E&T location and differentiate between those that were deemed complex and those that were deemed standard. The report is due the fifteenth (15th) of the month following the month being reported using the template found [here](#).

Other Policies and Procedures related to this section:

Deliverables related to this section:

- E&T Discharge Planner Report (click [here](#))

Chapter Eighteen

CRISIS SERVICES

North Sound BH-ASO has developed a regional crisis system responsive to individuals who present with a need for Crisis Services in the Regional Service Area (RSA). Mobile crisis response provides community-based interventions to any individual experiencing a behavioral health crisis. A Crisis is defined by the individual and not by the provider.

Mobile Crisis Response programs strive to meet best practice standards as outlined in the SAMHSA national Guidelines for Behavioral Health Best Practice Tool Kit and Mobile Response and Stabilization Services (MRSS) Model to include:

- Reduce law enforcement involvement in crisis situations,
- Include peers in crisis work to build rapport and give people someone to connect with who has similar experience/s,
- Address systemic barriers by addressing the needs of underserved populations.

Mobile crisis response programs incorporate any Health Care Authority (HCA) best practice guidelines when applicable to include:

- Minimum Operating requirements and Team Standards
- Required staffing composition to include Mental Health and Substance Use disorder professionals and Certified Peer Counselors
- Service Modality to include Outreach and Engagement, Triage/Screening, Assessment, De-escalation, peer support, coordination and crisis planning, and post-crisis care follow up.

Crisis System Operational Requirements

Crisis System General Requirements

1. North Sound BH-ASO maintains a regional behavioral health crisis system that meets the following general requirements:
 - a. Crisis Services will be available to all individuals who present with a need for Crisis Services in Snohomish, Island, Skagit, San Juan and Whatcom Counties.
 - b. Crisis Services shall be provided in accordance with WAC 246-341-0900 to -0915 246-341-0670, WAC 246-341-0715, and WAC 246-341-0901.
 - c. Involuntary Treatment Act (ITA) services will include all services and administrative functions required for the evaluation of involuntary detention or involuntary treatment of Individuals in accordance with Chapter 71.05 RCW, RCW 71.24.300 and RCW 71.34.

- d. 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.
2. Crisis Services will be delivered in a manner that is consistent with the following:
 - 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.
 - b. Provide solution-focused, person-centered and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.
 - c. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
 3. North Sound BH-ASO establishes staffing requirements for all of its contracted crisis services providers in accordance with WAC 246-341, to include ensuring:
 - a. Contracted providers have sufficient staff available, including DCRs, to respond to requests for Crisis Services and ITA services.
 - b. Contracted Provider compliance with DCR qualification requirements in accordance with Chapters 71.05 and 71.34 RCW and WAC 246-341-0912.
 - c. Contracted Providers have clinicians available for consultation 24 hours a day, seven (7) days a week who have expertise in Behavioral Health conditions pertaining to children and families.
 4. North Sound BH-ASO ensures Providers have at least one Substance Use Disorder Professional (SUDP) and one Certified Peer Counselor (CPC) with experience providing Behavioral Health crisis support available for consultation by phone or on site during regular Business Hours.

North Sound BH-ASO ensures all Crisis Services comply with the Health Care Authority (HCA) Crisis System Operational Requirements and service scope requirements as outlined in our state contract outlined in Policy # 1733.00 *Scope of Crisis Services*.

Crisis System Services

North Sound BH-ASO shall make the following crisis services available to all individuals in the Regional Service Area (RSA):

- Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs. Dispatch mobile rapid response crisis teams (MRRCT) or connect the Individual to services. For

Individuals enrolled with a MCO, assist in connecting the Individual with current or prior service providers. For Individuals who are AI/AN, assist in connecting the Individual to services available from a Tribal government or IHCP.

- Behavioral Health ITA services shall be provided in accordance with WAC 246-341-0810. North Sound BH-ASO shall reimburse the county for court costs associated with ITA and shall provide for evaluation and treatment services as ordered by the court for individuals who are not eligible for Medicaid. Individuals who are not eligible for Medicaid may be billed directly for services in accordance with North Sound BH-ASO policy.
- Substance Use Disorder (SUD) Crisis Services including short-term stabilization, a general assessment of the individual's condition, an interview 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. Service may or may not lead to ongoing treatment.
- Services provided in Involuntary Treatment facilities such as E&T Facilities and SWMSF, must be licensed and certified by DOH. These facilities must have adequate staff to provide a safe and secure environment for the staff, patients and the community. The facilities will provide evaluation and treatment services to limit the duration of involuntary treatment until the Individual can be discharged back to their home community to continue their treatment without the loss of their civil liberties. The treatment shall be evidence-based practices to include supportive housing, supported employment, Pharmacological services, psycho-social classes, withdrawal management as needed, discharge planning, and warm handoff to follow-up treatment including any LRA care ordered by the court.

Coordination with External Entities

North Sound BH-ASO provides coordination activities to include:

- Collaborating with HCA and MCOs operating in the RSA to develop and implement strategies to coordinate care with community behavioral health providers for Individuals with a history of frequent crisis system utilization. Coordination of care strategies will seek to reduce utilization of Crisis Services.
- Coordinating with the regional MCOs, community court system, First Responders, criminal justice system, inpatient/residential service providers, Tribal governments, IHCPs, and outpatient behavioral health providers, to include processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
- Coordinating with the MCOs operating in the RSA, develop protocols to engage and collaborate with Department of Corrections (DOC), jail-based staff, and other

partners within the criminal justice system to coordinate the discharge and transition of incarcerated adults and Transitional Age Youth (TAY) with SMI for the continuation of prescribed medications and other Behavioral Health services prior to re-entry to the community.

- Collaborating with HCA MCOs operating in the RSA to establish protocols related to the provision of behavioral health Crisis Services and Ombuds services by the Contractor to the MCOs' Medicaid Enrollees.
- Collaborate with HCA on a wide range of Crisis coordination activities with Tribes and non-Tribal Indian Health Care Providers (IHCPs) as outlined in Policy 6003.00 *North Sound BH-ASO Tribal Coordination with Tribal Authorities* and Policy 1733.00 *Crisis Services General Requirements*.

Tribal Designated Crisis Responders

- Upon North Sound BH-ASO's authority to designate DCR's, and upon request, the North Sound BH-ASO must assist and designate at least one person from each Tribe within the Contractor's RSA as a Tribal DCR,
- North Sound BH-ASO will enable any Tribal DCR, whether appointed by the North Sound BH-ASO, by the courts within the region, or by HCA, to shadow with and receive on-the-job training and technical assistance from a DCR employed by a DCR provider agency that is contracted with the Contractor.
- North Sound BH-ASO will actively engage and include Tribal DCRs whether appointed by the North Sound BH-ASO, by the courts within the region, or by HCA, in the regional work on Crisis Services collaborative groups, trainings, and policy impacts within their RSA and as provided to other crisis and DCR service providers.

Other Policies and Procedures related to this section:

- Policy Series #1700 (click [here](#))
- Policy Series #1500 (click [here](#))
- Policy 6003.00 *North Sound BH-ASO Tribal Coordination with Tribal Authorities* (click [here](#))
- Crisis – Designated Crisis Responder Statement of Work (click [here](#))
- Crisis – Regional Crisis Line Statement of Work (click [here](#))
- Crisis – Triage and Stabilization Statement of Work (click [here](#))

Chapter Nineteen

STATE FUNDED SPECIALIZED PROGRAMS

Section 19.1: **Assisted Outpatient Treatment**

Assisted Outpatient Treatment (AOT) programs are an empirically supported, evidence-based form of Less Restrictive Alternative treatment, under RCW 71.05.148 and RCW 71.34.755, designed to provide court mandated intensive community based, wrap-around treatment as an alternative to involuntary hospitalization. AOT can be provided as an earlier intervention to prevent the need for hospitalization, or as a court mandated condition for one's release. By connecting participants to the treatment they need via court order, AOT can be especially helpful to those who have difficulty regularly engaging in outpatient mental health treatment, providing them with additional incentive to do so. The treatment includes psychiatric evaluations, ongoing therapy, peer support, case management, assistance in attending mandated court appointments, medication support, assistance with finding and accessing additional resources, and more.

To qualify for AOT services, it must be determined that participation in an AOT program would be the least restrictive alternative necessary to ensure the person's recovery and stability and that the person will benefit from AOT services. A qualified party must file a petition with the court, stating their reasoning for the person's need of AOT services. The court will then hold a hearing to determine whether an AOT order is appropriate and assign the order to a contracted AOT provider. A court order for assisted outpatient treatment may be effective for up to 18 months.

Other Policies and Procedures related to this section:

- Assisted Outpatient Treatment Statement of Work (click [here](#))

Deliverables related to this section

Section 19.2: **Child, Youth, and Family Crisis Teams**

Child, Youth, and Family Crisis Teams (CYFCT) are an upstream intervention designed to divert families away from more intensive and costlier services where appropriate. CYFCTs respond to crisis situations as defined by the parent, caregiver, or youth calling for assistance and may stay with the family for up to eight weeks to assist the family in stabilizing after the initial 72-hour acute phase of the intervention.

CYFCTs are distinct from adult crisis teams in that staff are specifically trained in recognizing and responding to the developmental needs of children, youth, and young

adults while supporting their caregivers in gaining skills and knowledge to help prevent future crises. The focus is on finding supports within the child/youth/young adult's environment, which may include family members, schools, other services or programs the youth or family is connected with, faith communities, volunteer activities, and more.

Services CYFACTs provide include: Outreach and Engagement, Mobile Crisis Response, and Stabilization services.

Other Policies and Procedures related to this section:

- Child, Youth, and Family Crisis Teams (CYFACT) Statement of Work (click [here](#))

Deliverables related to this section:

Section 19.3: **Community Behavioral Health Rental Assistance (CBRA)**

The primary activity of Community Behavioral Health Rental Assistance (CBRA) is payment of a Permanent Housing rent subsidy to a landlord on behalf of an eligible household. Permanent Housing Subsidy (PHS) is a rental subsidy with no time limit for households with behavioral health conditions in need of long-term housing assistance. PHS includes the availability of support services and may be provided as a scattered-site or master-leased model.

Supportive services are intensive services aimed at helping a person obtain and maintain housing. Supportive Housing providers work in partnership with various community entities to provide wrap around support, such as mental health services, alcohol and substance abuse services, long term care services, life skills or independent living skills services and vocational services.

Services

North Sound BH-ASO subcontracts with regional Providers in each of the five (5) North Sound Counties to provide Community Behavioral Health Rental Assistance (CBRA) services. The funding for this program is a State legislative proviso and managed by the Department of Commerce (DOC).

Monitoring:

North Sound BH-ASO will conduct a risk assessment and develop a monitoring plan for each subgrantee within six months of contracting CBRA funds to the subgrantee. The risk assessment must inform the monitoring plan for each subgrantee.

The following eligibility factors are identified as a priority for receiving CBRA services:

- Having a behavioral health diagnosis and:
- Exiting an institutional setting or unsheltered homelessness

- Eligibility for supportive services such as PHS/FCS or others.

Annual eligibility recertification is required. Eligibility for the CBRA program is based on the following criteria: 1) No change in behavioral health condition status; 2) Has a documented need for continued long-term housing support. If a household is determined ineligible at recertification, grantees have the option of providing up to six additional months of rental subsidy to support the household to transition to self-sufficiency. The decision to provide additional rental subsidy of up to 6 months must be noted in the client file.

All eligible clients and their household members served under this program must be entered into the Homeless Management Information System (HMIS).

Referrals for the CBRA program may come from a variety of sources. To support effective referrals for the priority population, grantees should actively create and maintain relationships with psychiatric, substance use, and other treatment institutions, correctional institutions, coordinated entry systems, and providers working with those fleeing violence in the communities that they are serving.

The CBRA program is encouraged, but not required to participate in the local coordinated entry process.

The Department of Commerce provides yearly CBRA Guideline updates available at the following website: [Permanent Housing Subsidy Programs - Washington State Department of Commerce](#)

Grantees must submit accurate and complete information for the Annual County Expenditure Report to the Consolidated Homeless Grant Lead Contractor in the communities in which they serve. North Sound BH-ASO requests quarterly updates from subgrantees on program service data including current caseloads, discharges, and referral capacities.

Other Policies and Procedures related to this section

Deliverables related to this section

Section 19.4: Behavioral Health **Co-Response Outreach Programs**

The purpose of law enforcement Co-Response Outreach Programs is to provide behavioral health outreach while reducing criminal justice system involvement for individuals with mental health and substance use disorder treatment needs. Co-Response outreach programs consist of law enforcement officer(s) and behavioral health professional(s) that provide individuals with substance use disorder or other behavioral health needs with access to treatment that would otherwise be involved in the criminal justice system. Co-response outreach is designed to enhance first responder capacity to

immediately provide field-based interventions and ensure referral and linkage to ongoing behavioral health treatment when appropriate.

1. Provide field-based outreach services and intensive case management support to individuals who frequently encounter the criminal justice system.
2. Provide diversion focused interventions or alternative to law enforcement responses to calls where substance use disorder or other behavioral health needs are identified.

Other Policies and Procedures related to this section:

- Co-Responder Statement of Work (click [here](#))

Deliverables related to this section:

- Co-Responder Quarterly Report (click [here](#))

Section 19.5: **Dedicated Cannabis Account**

Dedicated Cannabis Account (DCA) funds are to be provided within the identified resources in the HCA contract with the North Sound BH-ASO.

DCA funds shall be used to fund Substance Use Disorder (SUD) treatment services for youth who live at or below 220 percent of the federal poverty level, without insurance coverage or who are seeking services independent of their parent/guardian;

DCA funds may be used for development, implementation, maintenance, and evaluation of programs that support intervention, treatment, and recovery support services for middle school and high school aged students.

All new programs and services must direct at least eighty-five percent (85%) of funding to evidence-based or research-based programs and practices that produce objectively measurable results and are expected to be cost beneficial.

Up to fifteen percent (15%) of the funds appropriated for new programs and new services may be used to provide support to proven and tested practices, emerging best practices or promising practices.

The North Sound BH-ASO contracts with the five (5) counties to provide school-based intervention and prevention within the school district using evidence based/promising practices.

Other Policies and Procedures related to this section:

- Dedicated Cannabis Account (DCA) Statement of Work (click [here](#))

Section 19.6: **Homeless Outreach Stabilization Team (HOST) Program**

The Homeless Outreach Stabilization and Transition (HOST) Program is lowest barrier care for people whose severe and disabling substance use and behavioral health symptoms keep them from being able to receive conventional physical and behavioral health service. HOST is not a linkage to service, rather it meets people wherever they are, providing highly tailored services through a whole-person and comprehensive team approach.

HOST is similar to Assertive Community Treatment (ACT) but is designed to serve people whose acute behavioral health symptoms and other disabling conditions keep them from being able to receive conventional physical and behavioral health services.

HOST began as a program called ACCESS in 1994 in the Seattle Downtown Emergency Services Center (DESC). Through the Blake Bill – ESB 5476 - 2021-22 Section 5(1) of Chapter 311, Laws of 2021, The Blake Bill establishes a plan for recovery services to assist persons with substance use disorder in accessing outreach, treatment, and support services that are low barrier, person-centered, informed by people with lived experience, and culturally and linguistically appropriate. RCW 71.24.155.

Target Population:

- Individuals experiencing homelessness with substance use and/or severe behavioral health condition; usually have an obvious and severe substance use/mental health diagnosis with observable functional deficits
- Individuals with low social functioning or disordered behaviors that impact their ability to access or engage in traditional behavioral health models
- Individuals who lack service connections and are highly marginalized and vulnerable to predatory behavior
- Individuals that have experienced long periods of homelessness, repeatedly lost housing, or have been homeless for many months or years
- Individuals that need assertive, intensive case management; services need to be brought to the individual to stabilize the condition sufficiently, access resources, and transfer to longer term care
- Individuals that have barriers to accessing care, such as, lack of insurance, lack of citizenship, or other vulnerable and marginalized groups

Service Eligibility Requirements:

- Adult 18 or older
- Unhoused or imminent risk of housing loss

- Severe substance use or co-occurring mental health disorder
- Unable/unwilling to access behavioral health services

Services

HOST is a continuum of care that includes, but is not limited to, the following services:

- Outreach and Engagement
- Assessment
- Survival Services
- Flex Funds for basic needs, engagement, and stabilization
- Access to psychiatric evaluation and medication management
- General health screenings
- Connect to enrollment benefits (such as ABD, HEN, SSI, SSDI, Medicare, Medicaid)
- Housing acquisition
- Referrals and linkage meet individualized service needs such as payeeship, SUD, medical, primary care, employment services, and life skills training
- Referral and linkage to long term behavioral health supports

Other Policies and Procedures related to this section:

- HOST Statement of Work (click [here](#))

Deliverables related to this section:

- HOST Monthly Narrative Report (click [here](#))
- HOST Data Collection Workbook (click [here](#))

19.7: Housing and Recovery Through Peer Services (HARPS)

The HARPS program assists individuals exiting State Hospitals and Residential Treatment facilities with transitioning into permanent supportive housing, peer services, and provides opportunities to integrate mental health and substance use services.

Peer Services required in HARPS are based on the Permanent Options for Recovery-Centered Housing (PORCH) model. It is designed to transform service delivery by promoting sustainable access to permanent Supportive Housing. This model provides meaningful choice and control over housing and support services, utilizing Certified Peer Counselors.

Other Policies and Procedures related to this section:

- Housing and Recovery Through Peer Services (HARPS) Statement of Work (click [here](#))

Deliverables related to this section:

- HARPS Participant Monthly Service Log (click [here](#))

- HARPS Team Quarterly Report

Section 19.8: **Jail Transition Services**

The North Sound BH-ASO contracts for Jail Transition Services to individuals in local county and city jails who have a behavioral health condition and need transition services once released from custody.

Individuals in jail are not eligible for Medicaid nor can Medicaid covered services be provided while in custody.

An individual who qualifies for jail transition services will be seen while in jail and for a period of time once released. The County/Provider will assist the individual with transitioning into ongoing services upon release.

North Sound BH-ASO contracts with the five (5) local counties and regional providers to provide Jail Transition Services. The funding for this program is a State legislative proviso.

Other Policies and Procedures related to this section:

- Jail Transition Services Statement of Work (click [here](#))

Deliverables related to this section:

- Jail Transition Services Annual Report

Section 19.9: **Juvenile Court Treatment**

North Sound BH-ASO contracts with Snohomish County Superior Court for Juvenile Court Treatment Program. The funding is a State Funded Legislative Proviso. The funding is intended to provide behavioral health treatment services to juvenile offenders who are under the supervision of a juvenile court.

The target population is nonviolent, substance abusing felony and non-felony Juvenile offenders.

Other Policies and Procedures related to this section:

- Juvenile Treatment Services Statement of Work (click [here](#))

Deliverables related to this section:

- Juvenile Court Treatment Program Report (click [here](#))

Section 19.10: **Peer Bridgers**

The Peer Bridger Program is intended to serve those who are currently at Western State Hospital (WSH), Eastern State Hospital (ESH), Evaluation and Treatment centers or community hospitals with inpatient mental health beds and have had a lengthy hospitalization or a history of frequent, multiple hospitalizations. Participation in the

program is voluntary. The Peer Bridgers will offer Peer Bridger services to engage Individuals in planning their discharge. Hospital staff and the IMC/BH-ASO Hospital Liaisons will help the Peer Bridgers identify potential participants.

Peer Bridgers will be required to outreach to each Individual after admission. If requested by the Individual, a Peer Bridger will work with Individuals throughout hospitalization and discharge planning process.

The state hospital discharge transition team may include the Peer Bridger who with the consent of the Individual to identify the strengths, needs, preferences, capabilities, and interests of the Individual and to devising ways to meet them in the most integrated setting appropriate for the Individual.

The Peer Bridger will transition from spending time on social support and begin offering assistance with independent living skills, coping skills and community adjustment skills. The hand-off between the Peer Bridger and the community behavioral health provider who is providing mental health services will be gradual and based on the Individual's needs and their person-centered plan. The anticipated duration of in-community Peer Bridger services is 120 days with extensions granted by the BH-ASO on a case-by-case basis.

The Peer Bridger is not a case manager, discharge planner or a crisis worker. However, the Peer Bridger can bring the Individual's perspective into the provision of those services.

Other Policies and Procedures related to this section:

- Policy # 1596.00 *Peer Bridger Program* (click [here](#))
- Policy # 1596.01 *Exhibit G-1 Peer Bridger Program* (click [here](#))
- Peer Bridger Statement of Work (click [here](#))

Deliverables related to this section:

- Peer Bridger Report/Log (click [here](#))

Section 19.11: **Peer Pathfinders Transition from Incarceration Pilot**

The Peer Pathfinders Transition from Incarceration Pilot Program is intended to serve individuals who are exiting a correctional facility in Washington State who have either a serious mental illness, a SUD, or co-occurring conditions. Peer Pathfinder should demonstrate that recovery is possible and model the ten components of recovery identified by SAMHSA ([SAMHSA's Working Definition of Recovery](#)).

In conjunction with the Jail Transition Services, the Peer Pathfinder will work to engage individuals eligible for Jail Transition services. The Peer Pathfinder will work with the

individual directly upon release and follow their transition back into the community to ensure linkage to relevant services for their recovery.

Frequency and duration of Peer Pathfinder services will be determined by the individual's needs, the service level required to help the individual stay safely in the community, and caseload prioritization. Services may include facilitation of a "warm hand-off" to the behavioral health agency chosen by the individual, engagement activities, and community-based post-release activities.

Other Policies and Procedures related to this section

- Peer Pathfinder Transition from Incarceration Pilot Program Statement of Work (click [here](#))

Deliverables related to this section

- Peer Pathfinder Jail Transition Quarterly Report (click [here](#))

Section 19.12: **Proviso 86 – Behavioral Health Housing**

Proviso 86 providers will maintain and develop care coordination and referral networks with regional crisis (WM, E&T) and legal diversion (Prosecutors, Drug Court, Recovery Navigator) settings to identify the priority populations expected to be served by this program. Priority populations are identified as justice-involved individuals, especially those eligible for diversion-based services, as well as those transitioning from SUD and Co-Occurring facilities, or those exiting other Psychiatric/Institutional settings. The focus will be on aiding in stabilization, case management, providing peer-support, housing support and referral towards behavioral health treatment settings.

Current regional outreach and diversion programs include Drug Courts, Community Courts, LEAD/Recovery Navigator Program, Co-Responder, HOST, HARPS, CBRA, and Opioid Outreach Teams. Additional referral sources include regional Behavioral Health (SUD and MH) treatment providers. Maintaining and/or building relationships with local law enforcement and prosecutors, Department of Corrections (DOC), and Federal Bureau of Prisons (FBOP) to promote diversion away from the criminal-legal system is a priority.

North Sound BH-ASO expects its contracted Proviso 86 providers to ensure that services are individualized and that those being served receive the type of housing best matched to their choice and needs. This should be reflected in provider policies and procedures, including the use of Housing First principles. Our expectation is that providers operate all services through a person-centered and trauma-informed lens.

Proviso providers will work directly with eligible individuals for care management and behavioral health treatment referral, as well as utilizing funding to pay for housing/rental assistance (directly to landlords), including potential expenses such as

move-in costs, storage fees or other incidentals that can result in barriers to securing stable housing.

Providers will be required to submit the quarterly report template to North Sound BH-ASO no later than the 15th day of the reporting month following the quarter being reported.

Other Policies and Procedures related to this section

Deliverables related to this section

- Proviso 86 Quarterly Report

Section 19.13: **Recovery Navigator Program (Blake Navigator)**

The Recovery Navigator Program (RNP) is designed to provide community-based outreach, intake, assessment, and connection to services to youth and adults with substance use disorder (SUD), including for persons with co-occurring substance use disorders and mental health conditions. The primary function of RNP is connection and stabilization with respect to a variety of social determinants/vulnerability factors. Individuals referred to the program from a diversion source or social contact referral will benefit from coordinate connections to a broad range of community resources for youth and adults with substance use disorder, including treatment and recovery support services.

Other Policies and Procedures related to this section:

- Recovery Navigator Program (RNP) Statement of Work (click [here](#))

Deliverables related to this section:

- Recovery Navigator Program Report (Quarterly) (click [here](#))

Section 19.14: **Stabilization and Withdrawal Management Services**

Crisis Stabilization Services are provided to non-Medicaid individuals in the North Sound region as funding resources allow and subject to medical necessity review.

Stabilization Services are provided to individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional (MHP) (such as, facilities licensed by the Department of Health [DOH] or certified by the Division of Behavioral Health and Recovery [DBHR]) as either Crisis Stabilization or Crisis Triage facility.

Stabilization services shall include short-term face-to-face assistance with life skills training and understanding of medication effects. This service includes, a) follow-up to crisis services; and b) other individuals determined by an MHP to need additional

stabilization services. Stabilization services may be provided prior to an intake evaluation.

North Sound BH-ASO supports both youth and adult individuals in accessing medically necessary (per WAC 182-500-0070) residential WM services as assistance in the process of withdrawal from psychoactive substances in a safe and effective manner. North Sound BH-ASO supports WM services that include three (3) necessary components: evaluation, stabilization and motivating individual readiness to engage in SUD treatment services. North Sound BH-ASO maintains a contract for a medically monitored withdrawal management (WM) facility within the North Sound Regional Service Area (RSA) that are available to assess and accept individuals 24-hours a day and 7 days per week. This WM facility is ASAM 3.7WM Medically Monitored Inpatient WM (also known as acute detox). Individuals must meet the ASAM criteria for placement at the designated level of care, as well as medical necessity.

Other Policies and Procedures related to this section:

- Policy # 1592.00 *Access to Residential Withdrawal Management/Substance Use Disorder (WM/SUD) Services* (click [here](#))
- Policy #1701.00 *Crisis Stabilization in a Crisis Stabilization or Triage Facility* (click [here](#))

Section 19.15: **Trueblood Misdemeanor Diversion Funds**

These are funds for non-Medicaid costs associated with serving individuals in crisis triage, outpatient restoration, Forensic PATH, Forensic HARPS, or other programs that divert individuals with behavioral health disorders from the criminal justice system. North Sound BH-ASO contracts with several entities to provide Care Coordination to Individuals who are named on the HCA Referral List, also known as the “high utilizer list,” in the Trueblood, et al., v. Department of Social and Health Services Settlement Agreement.

HCA provides the HCA Referral List to the North Sound BH-ASO monthly and provides this as a resource to contracted agencies to support connecting Individuals with behavioral health needs and current or prior criminal justice involvement receive Care Coordination. North Sound BH-ASO will report semi-annually, using the Semi-Annual Trueblood Misdemeanor Diversion Fund Report template. Reports must be submitted to HCA by January 31, for the reporting period of July through December of the previous year, and by July 31, for the reporting period of January through June of the current year.

Other Policies and Procedures related to this section:

- Policy #3055.00 *State General Funds & Federal Block Grant Allocation Plan* (click [here](#))

Deliverables related to this section:

- Trueblood Monthly Report (click [here](#))