

MEMORANDUM

DATE: June 20, 2005
TO: NSMHA Advisory Board
FROM: Chuck Benjamin, Executive Director
RE: July 14, 2005 Board of Director's Agenda

Please find for your review and comment the following that will be discussed with the Board of Directors and brought forth at the July 14, 2005, NSMHA Board of Directors Meeting.

Consent Agenda

Action Items

Motion # 05-044 – To review and approve the NSMHA-MHD Contract #0369-23150, Amendment 4, extending the term of the contract through 8/31/05, limiting the use of Medicaid savings and modifying financial terms, including those related to ECS and MPC.

Approval of the revised Advisory Board By-Laws

Action Items Not Yet Reviewed by the Advisory Board

Introduction Items

cc: Charles R. Benjamin
County Coordinators
NSRSN Management Team

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
ADVISORY BOARD MEETING**

**North Sound Mental Health Administration
Conference Room
117 North First St., Suite 8
Mt. Vernon, WA 98273
July 5, 2005
1:00 PM**

Agenda

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of the June 2005 Minutes, Chair – 5 minutes
4. Comments from the Public –5 minutes
5. Correspondence and Comments from the Chair – 5 minutes
6. Monthly Committee Reports
 - a. Executive Director's Report - Chuck Benjamin – 5 minutes
 - b. Finance Committee – Mary Good – 5 minutes
 - c. Executive Committee/Agenda Committee – Tom Richardson – 5 minutes
 - d. QMOC Report – Mary Good – 5 minutes
7. Items To Be Brought Forward To The Board of Directors – Charles Benjamin, Executive Director
 - a. Consent Agenda
8. New Business
9. Comments from County Advisory Board Representatives – 15 minutes
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
10. County Coordinator Report
11. Comments from Public – 5 minutes
12. Other Business
 - a. Request for Agenda Items
13. Adjournment

NOTE: The next Advisory Board meeting will be August 2, 2005 in the NSMHA Conference Room, 117 N. First Street, Suite 8, Mount Vernon.

Notice: For Special Disability accommodation needs, please call Rebecca at (360) 416-7013, x233 at least 48 hours in advance, if possible.

North Sound Mental Health Administration
MENTAL HEALTH ADVISORY BOARD

June 7, 2005

Present: Mary Good, Tom Richardson, Laurel Britt, Marie Jubie, James Mead, Jim King, Andrew Davis, Marianne Elgart, Anne Gresham, Patricia Whitcomb, Joan Lubbe and Russell Sapienza

Absent: Charles Albertson and Chris Walsh

Excused: Jack Bilsborough

Staff: Chuck Benjamin, Deirdre Ridgway, Margaret Rojas, Bill Whitlock, Greg Long, Wendy Klamp, Annette Calder, Debra Jaccard, Deborah Moskowitz, Chuck Davis and Rebecca Pate

Guests: Gary Williams and Jackie Henderson

MINUTES

TOPIC	DISCUSSION	ACTION
CALL TO ORDER, INTRODUCTIONS		
Chair Jubie	Chair Jubie convened the meeting at 1:03 p.m. and welcomed those present. Introductions were made. Chuck Benjamin provided maps and PowerPoint on 2005 Service Mapping, Legislative Update and Mental Health Division Contract Concerns. Marie requested that all turn off cell phones.	Informational
REVISIONS TO THE AGENDA		
Chair Jubie	None.	Informational
APPROVAL OF MINUTES		
Chair Jubie	The May 2005 minutes of the Advisory Board meeting were reviewed. A motion was made to approve the minutes with changes, seconded, motion carried.	Motion carried
COMMENTS FROM THE PUBLIC		
	None.	Informational
CORRESPONDENCE AND COMMENTS FROM THE CHAIR		
Chair Jubie	The new county building was opened last Friday. Marie had a chance to talk to some individuals who could make a difference in the Hargrove bill.	Informational

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MONTHLY COMMITTEE REPORTS

	Executive Director's Report	
Chuck Benjamin	<p>The funding levels are the big issue that NSMHA is facing now. The NSMHA will receive almost \$15.5 million dollars in "state only" money, which is an increase from the \$2.2 million from what NSMHA normally receives. The Medicaid side will be approximately \$33 million, which is an overall decrease of about \$1.77 million dollars a year. This will be \$884,000 short for the rest of this year. There will need to be some minor modifications to accommodate this shortage.</p> <p>The governor has submitted the transformation grant to SAMSHA of Washington state; however, we do not know any particulars.</p> <p>The Board of Directors has authorized litigation on the Snohomish County Washington Medicaid Integration Project with a conference call set up for this Thursday morning. NSMHA will then report back to the Board what the next steps are in the litigation.</p> <p>Department of Social and Health Services (DSHS) has done some re-organization and Chuck distributed correspondence concerning these changes. The correspondence said that the Mental Health Division is going to be moved into the Medical Assistance Administration portion of DSHS. Chuck's only concern is that this puts it very close to the medical side, which historically has cost overruns.</p> <p>The Legislative Taskforce is resuming with a meeting in June down in Olympia and Chuck plans to attend. Chuck will let Marie know the date so she can attend.</p>	Informational
Mary Good Chuck Benjamin	<p>Finance Committee Report</p> <p>The committee met and discussed the expenditures. Mary distributed a copy of the expenditures for recommendation to submit to the Board of Directors (BOD) for approval. There has been a 4.7% cut in the budget. A motion was made to recommend the expenditures to the BOD for approval, seconded and motion carried.</p> <p>Mary stated that Bill Whitlock gave a Board of Directors financial report covering funding issues and stating that a Bridge contract will need to be made for the remainder of this year. Chuck Benjamin said the Bridge contract for July 1 through September 30 has to</p>	Informational Motion carried Informational

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be signed and sent back to the MHD by June 29 and NSMHA has not received it yet. Some discussion followed.

The rental of Bellair Charters was discussed for attendance of the Behavioral Health Conference. A motion was made to hire Bellair Charters for the Behavioral Health Conference, seconded and some discussion followed. A vote was called for on the rental, seconded and **motion carried**.

Motion carried

Executive Committee/Agenda Committee

Tom Richardson
Marie Jubie
Jim King
Deirdre Ridgway

A discussion was conducted concerning volunteers to fulfill positions necessary to complete upcoming tasks. Marie put out the information about the need for volunteers for the Training Committee, Recovery Conference Committee, Law Enforcement Recruitment and contract negotiating team. There was discussion on finding volunteers from the Advisory Board to accomplish this work and the committee recommended that the Chair appoint individuals to fulfill the appointments necessary. It was recommended that law enforcement come from the city/county, not judges, to comply with the WAC. Marie distributed a list of contacts for each county and Jim King said that he and Chuck Benjamin were appointed by the committee to recruit law enforcement. Gary Williams said it might present a conflict for other counties due to travel time. Deirdre said the contract negotiations would be six to eight weeks, 3-4 hours per session, in September or October. Some discussion followed.

Informational

Tom said pre-meeting suggestions/ideas were discussed and Marie asked for committee members to offer any suggestions they might have for pre-meetings topics.

The recommendation/motion was made to distribute the packet one week prior to the meeting versus two weeks prior. Some discussion followed. A vote was called for, seconded and motion failed.

Motion failed

QMOC Report

Mary Good

1. The committee reviewed the minutes for April and approved them with changes.
2. Wendy Klamp gave her report on the Quality Management Department.
3. Gary Williams reported to the committee the results of the QMOC Charter workgroup and changes were suggested and made.

Informational

4. Greg Long gave a brief report on the Utilization Management Dashboard
5. Deirdre Ridgway gave a report on the Sea Mar and Whatcom Counseling and Psychiatric Clinic audits.
6. Wendy provided information on Telesage.
7. Wendy reviewed the Performance Indicators report and explained it to the committee and requested feedback and asked what they would like to see in future reports.
8. Debra Jaccard gave an updated report on Critical Incidents.
9. Gary distributed meeting evaluation forms and requested they be returned before departure.

Marie requested a copy of the QMOC report for her county.

Gary Williams discussed the revisions to the Quality Management Oversight Committee (QMOC) Charter and identified the necessity of having a good working charter/committee so that appropriate feedback could be recommended to the Board. The draft before you has the following recommendations from the Ad hoc group:

- Ensure the committee's importance by requiring members be present at meetings unless they notify/call the region to notify them of their absence and to be excused. This was changed because important issues come before this committee every month that need to be discussed.
- Board Composition was discussed and the committee recommended changing the Charter to have a minimum of two consumers on QMOC. This affects the Advisory Board in that the committee is looking at having two consumers out of six with the Advisory Board recommending four of the six new advocates/consumers. Gary said the meeting time might change in order to accommodate members.

Some discussion followed. Gary asked the Advisory Board (AB) to recommend this Charter to the Board of Directors. Tom made a motion the AB endorse the

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recommendation of QMOC Charter draft revision 2 with one exception:

- **Insert** in the second section “**at least**” after (NSMHA Advisory Board...), seconded and motion carried.

Motion carried

ITEMS TO BE BROUGHT FORWARD TO THE BOARD OF DIRECTORS

Consent Agenda

Chuck Benjamin	<p>To review and approve the NSMHA-MHD Contract #0369-23150, Amendment 4, extending the term of the contract through 8/31/05, limiting the use of Medicaid savings and modifying financial terms, including those related to ECS and MPC.</p> <p>To review and approve NSMHA-Tulalip Contract #TT-FBG-03, Amendment 1, extending the term of the contract through 12/31/05 and continuing funding.</p> <p>To review and approve NSMHA-DDD Contract #0369-29684, Amendment 1, extending the term of the contract through 9/30/05 and continuing funding.</p> <p>To review and approve NSRSN-APN DD CRISIS-02, Amendment 5, extending the term of the contract through 9/30/05 and continuing funding.</p> <p>To review and approve NSRSN-VOA-DD-Crisis-02, Amendment 3, extending the term of the contract through 9/30/05 and continuing funding.</p> <p>Chuck requested recommendation to approve the above go before the BOD. Jim King made a motion to approve item 7 on the agenda, seconded. Some discussion followed. A vote was called for and motion carried with one abstention.</p>	Informational
	<p>Board of Directors May Action Items Previously Reviewed by the Advisory Board</p>	
Chuck Benjamin	None	Informational

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Board of Directors May Action Items Not Yet Reviewed by the Advisory Board

Chuck Benjamin	Motion #05-034 – To review and approve NSMHA-MHD-FBG #0469-59965, Amendment 2. The purpose of this amendment is to modify the statement of work to reflect a revised use of funds allocated to Snohomish County.	Informational
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Board of Directors June Introduction Items

Chuck Benjamin	To review NSMHA’s revised Ombuds, QRT, Functional Independence and Anti-Retaliation policies. The policies have been updated to reflect current practices and procedures, including assuring compliance with applicable laws and regulations. Jim asked about the Ombuds/QRT policies. Chuck Davis stated that these were for clarification and functional independence was addressed within the policy. Chuck asked that everyone look at the policies carefully and provide feedback/changes/suggestions desired. Some discussion followed.	Informational
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NEW BUSINESS

Chair Jubie	None.	Informational
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COMMENTS FROM COUNTY ADVISORY BOARD MEMBERS

Island	Pat Whitcomb reported that Island County Senior Group pilot project meeting since February is looking better with much larger attendance. This is funded through millage money with a goal of helping those who feel isolated/are isolated a chance to meet with others and discuss problems.	Informational
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The county has a student from University of Washington conducting a survey on older adults to see how prevalent chemical abuse is among the elderly. This will hopefully provide some information to cite on future funding, etc. Some discussion followed. Jackie Henderson said that it has been discovered that a lot of these people are not Medicaid eligible, which is costing the county lots of money.

San Juan	Anne Gresham said there was discussion of the contract with Compass, as of July 1. Anne said that there appears to be some improvement but time will tell whether this holds true.	Informational
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Skagit Jim said the county just completed purchase of the building for the Triage Center, which will require extensive remodeling. The remodel will be complete by the beginning of next year. The building is located near Haggens in Burlington. Informational

Snohomish Marie said the next meeting would be at Providence Pacific Campus. A Public Broadcasting Services program was discussed on new asylums on May 10. The Poster Contest was discussed with deadline for participation of July 5. The Compass Health Art Show raised approximately \$5,000. The Bailey Center has re-opened with several attending the ribbon cutting ceremony. Copies of the article on budget cuts in the Everett Herald, May 9, were distributed. Future meetings will be rotated to various locations. Greg Long distributed copies of the NSMHA report. Nancy Jones reviewed the legislative budget, which included "state only" dollars for mental health services. Marie said that \$10 million was being taken off the top for Criminal Justice services, \$3 million dollars for special projects leaving \$6-7 million to be distributed. Non-Medicaid services were discussed. The Gatekeeper program was discussed. Greg thanked members for their participation during the legislative session. Marie asked about the E&T's and Chuck Benjamin said at present it appears that the North Sound will not lose either one. Informational

Whatcom Andrew said that Senator Brandland attended the meeting. Andrew said that Debra Frederick resigned from the Whatcom County RSN Board. Chuck Benjamin gave a report on 1290. Margaret Rojas distributed flyers about the Poster Contest. Senator Brandland was going to Olympia to discuss the unfair allocation of "state only" dollars with Robin Arnold-Williams. Senator Brandland said the legislature is out of touch with the needs in the community. Andrew said Gary Williams gave a human service report stating it is possible that crisis respite may have to be cut altogether. Senator Brandland stated the legislature passed legislation funding to end homelessness in ten years. There will be a meeting on homelessness for the public, date unknown at this time. St. Joe's passed its commission audit and Catholic Community Services passed the state license audit. Tom said that Senator Brandland agreed to chair the workgroup of the Mental Health Advisory Board around planning a strategy on the tax levy. Informational

COUNTY COORDINATOR REPORT

None present. Informational

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COMMENTS FROM PUBLIC

Margaret Rojas distributed an invitation to judge the poster contest. She stated that entries were coming in slowly and asked the Advisory Board to encourage participation in the contest. Informational

Marie said that the appearance of consumers in Olympia went extremely well. Marie said that medications are hard for some to receive due to exorbitant costs.

OTHER BUSINESS

Greg Long informed the committee about a workgroup on evidence-based practices on children and adults. The next meeting is June 15 at 9:30 am for adults and 1 pm for children in the NSMHA Conference Room. Greg said if anyone is interested he can provide a web site for more information. Informational

Wendy Klamp said that an emergency workgroup was conducted to discuss the proposed residential treatment facility WAC. The current three (3) residential WACs are being combined into one WAC. NSMHA has submitted a response expressing strong concerns that this was not in conformation to current practices. Wendy said things were watered down to the extreme and that NSMHA expressed their concerns as a group requesting they match the Center for Medicaid and Medicare Services standards. Wendy requested that anyone interested in expressing concerns go to the Department of Health website, health concerns and provide your feedback.

Mary mentioned the changes on housing authority in Skagit County and distributed correspondence. Russell said that Whatcom County is not allowing any new Section 8 funding. Greg stated these changes are going to affect a lot of consumers.

ADJOURNMENT

Chair Jubie adjourned the meeting at 2:30 pm.



CONTRACT AMENDMENT

Regional Support Network Contract

DSHS CONTRACT NUMBER:

0369-23150

Amendment No. 04

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
North Sound Regional Support Network		North Sound Mental Health Administration	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
117 North First Street, Suite 8 Mount Vernon, WA 98273-2858		601-291-840	1553
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Charles R. Benjamin, Executive Dir.	(360) 416-7013 Ext:	(360) 416-7017	executivedirector@nsrsn.org
DSHS ADMINISTRATION		DSHS DIVISION	DSHS CONTRACT CODE
Health and Rehabilitative Services Administration		Mental Health Division	4000LC
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Melena Thompson Program Administrator		PO Box 45320 Olympia, WA 98504-5320	
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS	
(360) 902-0840	(360) 902-0809	thompml@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No			
AMENDMENT START DATE	CONTRACT END DATE		
07/01/2005	08/31/2005		
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$0.00	\$0.00	\$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE AND MAX CONTRACT AMOUNT			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input checked="" type="checkbox"/> Additional Exhibits (specify): Exhibit P05, Exhibit N05			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Sheila R. Anderson, MHD Acting Contract Manager		

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. Amend the Contract's End Date, by extending the Contract for an additional two months, for a revised Contract End Date of August 31, 2005, to create a bridge amendment for services provided under this Contract, including amending the Contract's Special Terms, Section 7, to read as follow:

The period of performance for this Agreement shall be from August 1, 2003 through August 31, 2005. Should the contract be terminated by either party, the Contractor shall be responsible to provide all mental health services through the end of the month for which they have received a capitation payment.

2. Amend Exhibit P – Grievance and Appeal Template, by deleting the prior Exhibit P, and replacing it with the **attached** Exhibit P05, which includes:

- P05 Report – RSN – non-Medicaid Services Only
- P05 Report– PHIP – Medicaid Services Only
- P05 – RSN – Grievance System Template
- P05 – PHIP – Grievance System Template
- P05 – Notice of Action

3. Amend Exhibit F – Reports and Deliverables, Section 3, by adding reporting requirements, to read as follow:

Submit data related to grievances, appeals and fair hearings. Instructions and format will be provided by September 2004. Data is to be submitted for the following time periods: April 1 through September 30, 2003 by November 15, 2003; October 1 through March 30, 2004 by May 15, 2004; April 1 through September 30, 2004 by November 15, 2004. The RSN Administrator will attest, based on best knowledge, information, and belief to the accuracy, completeness, and truthfulness of the documents.

Collect data on grievances, appeals and fair hearings for the months April 1, 2005 through August 30, 2005, based on the attached Exhibit P05 Report – RSN – non-Medicaid Services Only and P05 Report– PHIP – Medicaid Services Only amended as of July 1, 2005.

4. Amend Special Terms and Conditions – Statement of Work Section, 2. Benefit Package section 2.2.6 is replaced with the following language:

Beginning July 1, 2005 the contractor shall prioritize available Non-Medicaid funds to ensure all crises, commitment, and community inpatient services are provided. Remaining Non-Medicaid funds, based on available resources, shall be provided in the following priority order;

- 1) Residential care services including emergency housing assistance
- 2) All other non- Medicaid covered outpatient services including community support and employment services as defined in 71.24.025.

This shall include services provided to Medicaid enrollees that are not covered as part of the Medicaid state plan or 1915(b) Waiver.

5. Amend Special Terms and Conditions – Statement of Work Section, 2. Benefit Package, by adding a new section 2.1.9 - Restrictions on Medicaid Spending, to read as follows:

2.1.9. Beginning July 1, 2005, all services provided or purchased using the capitated rate must be for Medicaid enrollees and must be those services identified in the State plan or waiver approved 1915 (b) (3) services.

6. Amend the Statement of Work, numbered sub-section 6.3.1, as stated in the previously executed amendment number 0369-23150-01, by removing reporting requirements from A-87 and A-133 circulars to read as follows:

6.3.1. Account for public mental health expenditures under this Agreement in accordance with state requirements in accordance with the BARS Manual, and BARS Supplemental Instructions.

7. Amend the Statement of Work, numbered sub-section 6.4.3, by adding a second paragraph as of July 1, 2005, to read as follows:

6.4.3 The Contractor shall provide the Aging Disabilities Services Administration program funds equal to the general-fund state cost of Medicaid Personal Care Services used by the Contractor for consumers who are disabled (as per the Comprehensive Assessment) due solely to a psychiatric disability when such payments have been authorized by the Contractor.

As of July 1, 2005, Medicaid Personal Care must be paid using non-Medicaid funds.

8. Amend the Statement of Work numbered sub-sections, by adding a new numbered sub-section 6.4.6., for Fiscal Year 2006, for the months of July 2005 through August 2005 only, to read as follows:

6.4.6 Funding for Fiscal Year 2006 for the months of July 2005 through August 2005 only.

6.4.6.1 Medicaid funds will be paid as follows:

Rates of Payment	
Rates are on a per-member, per month (PMPM) basis for the categories shown	
Category	Rate for the months of July '05 and August '05
Non-Disabled Children	\$9.57
Disabled Children	\$66.30
Non-Disabled Adults	\$12.05
Disabled Adults	\$99.92

Mental health capitation rate ranges were developed using outpatient, residential and professional encounter data collected from the Regional Support Networks (RSNs) by the MHD; Medicaid eligibility records obtained from the Medical Assistance Administration (MAA); RSN-specific revenue and expense reports provided by MHD; community inpatient claim records and Evaluation and Treatment (E&T) claim records from the state's MMIS system. The MMIS inpatient data for State Fiscal Year 2004 and RSN encounter data for services incurred in Calendar Year 2004 formed the primary basis for the capitation rate development. Revenue and expense reports were used to validate the reasonableness of data sources and used to

develop the administrative cost assumptions.

Critical steps in the rate development process included the following:

- Inpatient, residential and outpatient utilization was summarized by major service category separately by RSN, adult/child, and disabled/non-disabled status.
- Utilization data was limited to Title XIX services only.
- A Unit Cost Survey was completed by most mental health providers, which was used to construct outpatient unit costs.
- Cost models were constructed using the utilization data and assigning unit price estimates.
- Adjustments for claim lag, and utilization and cost trends were analyzed and performed as necessary.
- Assumptions for administrative costs were developed as a percentage of projected capitation revenue and implemented proportionately across rate cells.
- Final rates will be set within the actuarially constructed ranges based on policy goals of the MHD. The rates will require CMS, Region X approval. The agreement may have to be amended to reflect any required changes.

6.4.6.2 Non-Medicaid funds will be paid in the amount of \$1,252,424.00 per month. These funds must be used solely for persons and services not covered by the Medicaid 1915 (b) Waiver in accordance with section 2.1.5 (covered lives), 2.2.6 (general services), 6.4.3 (MPC), and 6.5.1 (Liquidated damages) of this agreement.

6.4.6.3 Additional Non-Medicaid funding will be paid in the amount of \$1,042 per month per ECS slot in accordance with the attached amended Exhibit N05, for the continued community support services for individuals with severe mental illness who have been discharged from the state hospitals.

9. Amend the Statement of Work, numbered sub-section 6.5.1.1., as stated in the previously executed amendment number 0369-23150-01, to provide a clarification about funds to be used for payment of liquidated damages, by adding a second paragraph as of July 1, 2005, to read as follows:

6.5.1.1 Liquidated damages for usage of state hospital beds in excess of allocated levels, pursuant to WAC 388-865-0203 or any successor. Charges will be assessed at the state hospital bed day rate multiplied by the number of beds used by the Contractor for every day the Contractor exceeds its allocated level.

As of July 1, 2005, liquidated damages will be deducted from non Medicaid funds.

All other terms and conditions of this Contract remain in full force and effect.

EXHIBIT N is replaced in its entirety for the period of July – August 2005**Expanding Community Service Continued Funding****Intent**

Expanding Community Services (ECS) funding is provided by the Washington Legislature to assist in the provision of community support services for long term state hospital patients. The funding is provided for the operation of community residential and support services for persons whose treatment needs constitute substantial barriers to community placement and who no longer require active psychiatric treatment at an inpatient hospital level of care, no longer meet the criteria for inpatient involuntary commitment, and who are clinically ready for discharge from a state psychiatric hospital.

Scope of Work

DSHS Mental Health Division shall reimburse the Contractor as stated below.

The payment shall be used for the continued operation of community residential and support services for individuals approved to be ECS eligible by the statewide ECS screening committee or by special approval of the MHD. These are persons whose treatment needs constitute substantial barriers to community placement and who no longer require active psychiatric treatment at an inpatient hospital level of care, no longer meet the criteria for inpatient involuntary commitment, and who are clinically ready for discharge from a state psychiatric hospital or living in the community and at risk of hospitalization. Most of these individuals have already transitioned from the hospital to the community. Some additional individuals may transition during this contract period to maintain ECS capacity level.

In serving eligible ECS patients, the contractor shall:

1. Convene and participate in a team of community professionals who will become familiar with the person and their treatment plan; assess their strengths, preferences and needs; and arrange a safe, clinically-appropriate, and stable place for them to live, and assure that other needed medical, behavioral, and social services are in place. This Team shall include active representatives of appropriate entities required to meet the individual's needs, which may include but not be limited to:

- RSN representatives
- WSH staff (social workers, psychiatrists, nursing staff)
- Local crisis services (crisis triage center, agency crisis services, CDMHPs)
- Consumer advocates or family/friends identified by consumer
- Residential providers
- Ombuds services (mental health or Long Term Care)

- ADSA Residential Care Services
- ADSA Home & Community Services
- Chemical dependency treatment providers

At a minimum the Team shall, prior to the patients release into the community, complete a written comprehensive transition plan based on an assessment of the participant's strengths and needs. In developing transition plans, RSNs shall utilize the ECS transition guidelines developed by the ECS Implementation Committee or other comparable local tools to assure transition needs of ECS patients will be met.

2. Provide face-to-face visits to the identified ECS patient during the last months of hospitalization with the specific intent of assessing the consumers mental health and other service needs, and working with the consumer to develop a specific plan to meet those needs. This shall come from non-Medicaid funding.

3. In accordance with contractors approved ECS plan, provide transition and ongoing community services and support to the ECS patient. The contractor shall monitor the ECS consumer's progress on an ongoing basis. Substantial changes to the approved ECS plan must be submitted to and approved by the MHD prior to implementation of the change. Such requests will be responded to within 15 days.

4. Cooperate and provide access to treatment records to the MHD and the Washington Institute for Mental Health Research and Training toward the completion of an evaluation. At a minimum, the contractor shall:

- Provide notification to the MHD of plans to transition approved ECS patients at least 30 days prior to discharge
- Provide access to treatment records (charts) for ECS patients, pre and post discharge
- Provide access to clinicians/administrators involved in hospital diversion and ECS services for interviews
- Submit calendar quarterly reporting identifying and detailing where ECS patients are being served, participation and progress in all treatment and services
- Submit any new criminal charges or Department of Corrections violations incurred by ECS patients.
- Submit biennial quarterly reporting on the use of funding and days of ECS service collected through the BARS supplemental instruction process

Reimbursement and minimum outcomes:

The contractor has been awarded funding for **15** Expanding Community Services slots. Upon execution of this contract the contractor shall receive:

Mental health services for ECS Medicaid consumers are included in the PIHP capitation rate.

For July 2005 – August 2005, a monthly payment of **\$15,630** in Non-Medicaid funds. These funds will be used to enhance services provided through other state and federal funding which ECS consumers qualify for.

The contractor shall provide a minimum of **930** ECS days of service in the community to ECS approved consumers during the contract period. For the purposes of this contract, ECS days of service in the community include any days an ECS resident is living outside of the state hospital and being supported by the RSN in community residential or other supported living settings. ECS days of service do not include days in which a patient is residing in the state hospital, in jail or in a Department of Corrections facility.

In the event that the contractor does not meet the minimum ECS days of service in the community, The MHD reserves the right to deduct these funds from future payments. Deductions occurring between July 2005 – August 2005 will be in Non-Medicaid funds and will be at the rate of \$34 multiplied by the number of ECS days below the minimum requirements established in this section.

The maximum consideration for this contract exhibit is **\$31,260** for non-Medicaid consumers. The contractor will receive payment upon the acceptance and approval of an accurately completed A-19 Invoice Voucher. The contractor is not eligible for additional funding for exceeding minimum ECS days of service.

All other terms and conditions of this Contract remain in full force and effect.