

**BHSC- Non Medicaid  
Catholic Outpatient Statement of Work**

**A. PURPOSE STATEMENT**

Services in support of core services (Crisis Services), such as Psychiatric Hospital coordination, limited Outpatient Services, Less Restrictive Alternative (LRA) and Conditional Release (CR) monitoring are to be provided in accordance with the requirements outlined in this Contract. In providing services in support of core services, Contractor shall mutually develop and routinely review policies and procedures that address how the availability of resources for these services is determined including how decisions are made to deny services due to insufficient resources. Provision of substance used disorder treatment services as outlined in this Exhibit and referenced in state and federal statutes. Other Services are to be provided in accordance with the specific requirements outlined for the service.

**B. STATEMENT OF WORK - SUPPORT OF CORE CRISIS SERVICES**

Services in support of core services (Crisis Services), such as Psychiatric Hospital coordination, limited Outpatient Services, Less Restrictive Alternative (LRA) and Conditional Release (CR) monitoring are to be provided in accordance with the requirements outlined in this Contract. In providing services in support of core services, Contractor shall mutually develop and routinely review policies and procedures that address how the availability of resources for these services is determined including how decisions are made to deny services due to insufficient resources. Other Services are to be provided in accordance with the specific requirements outlined for the service.

**1. PSYCHIATRIC INPATIENT SERVICES**

**a. Community Hospitals And Evaluation And Treatment Facilities (E&T)**

Contractor shall:

- i. Ensure when notified of the hospitalization of an individual currently enrolled in outpatient services that contact with the community hospital or E&T staff occurs within three (3) working days of an individual's admission to a community hospital or E&T. If Contractor is not notified of admission at the time the individual is admitted, they should attempt to make contact as soon as they are notified in accordance with North Sound BHO's Clinical Eligibility and Care Standards/North Sound BHO clinical policies and procedures.
- ii. Upon notification of the admission, Contractor shall offer a non-crisis service to eligible individuals within five (5) business days/seven (7) calendar days post-discharge. Contractor shall participate in treatment and discharge planning with community hospital or E&T inpatient treatment team.

**b. STATE HOSPITALS AND CHILDREN'S LONG TERM INPATIENT PROGRAM (CLIP)**

Contractor shall:

- i. Actively work with North Sound BHO's Western State Hospital (WSH) liaisons and implement mechanisms that promote rapid and successful reintegration of individuals to the community from State psychiatric hospitals and CLIP.
- ii. Respond to State hospital census alert notifications by:
  - a) Demonstrating best efforts to divert State psychiatric hospital admissions.
  - b) Expediting individual discharges from the State psychiatric hospital using alternative community resources and mental health services. WSH liaison will continue to consider resources on a region-wide basis when expediting discharges.
- iii. Comply with North Sound BHO WSH policies and procedures including those implementing the North Sound BHO-WSH Working Agreement and CLIP policy.
- iv. Require that to the extent necessary and whenever possible, individuals are medically cleared prior to admission to a State psychiatric hospital.
- v. Contractor must provide or require an admission packet be provided to the State psychiatric hospital within three (3) working days of admission. In the event of a transfer from community hospitals, emergency rooms, E&T centers or nursing homes an admission packet must be provided to the State psychiatric hospital on or before the admission whenever possible.
- vi. Provide coordination with State hospital staff and North Sound BHO WSH liaison to develop appropriate community placement and treatment service plans.
- vii. Contractor has the primary responsibility to coordinate with the other CMHAs and obtain a placement for the outpatient and residential services to be provided to the individual based on North Sound BHO policies and procedures, medical necessity and available resources. Contractor will ensure there is one point of contact for the WSH liaisons.
- viii. The assigned Contractor must offer, at minimum, one follow-up service within five (5) business days from discharge.
- ix. Adhere to the discharge planning process for individuals served by the State psychiatric hospitals who are also enrolled with the Division of Developmental Disabilities (DDD). This includes participation in treatment and discharge planning with State hospital staff and staff from DDD.
- x. Contractor shall monitor individuals discharged from inpatient hospitalizations on a LRA under RCW 71.05.320. Contractor shall offer mental health services to assist with compliance with LRA requirements.
- xi. Contractor shall respond to requests for participation, implementation and monitoring of individuals receiving service on CR consistent with RCW 71.05.340. Contractor shall provide mental health services to assist with compliance with CR requirements.

- xii. Contractor shall ensure the provision of mental health services to individuals on a CR under RCW 10.77.150.
- xiii. Contractor shall use best efforts to utilize community resources and covered mental health services to minimize State Hospital admissions.

**C. STATEMENT OF WORK – WITHIN AVAILABLE RESOURCES**

Outpatient behavioral health services and services listed below shall be provided based on medical necessity and within available resources per North Sound BHO’s policy and procedures. North Sound BHO shall have policies and procedures that determine how the availability of resources for these services is determined including how decisions are made to authorize intake evaluations or deny provision of services due to insufficient resources.

Per policy and procedure any of the following services may be provided.

- a. Provide or purchase any other clinically appropriate outpatient or residential services to a non-Medicaid individual;
- b. Provide or purchase clinically appropriate outpatient services to Medicaid enrollees that are not included in the Medicaid State Plan or 1915(b) Waiver;
- c. Provide assistance with transportation;
- d. Provide assistance with application for entitlement programs; and/or
- e. Provide assistance with meeting the requirements of the medically needy spend-down program.

**1. SUBSTANCE USE DISORDER - TARGET POPULATION**

The Target Population shall be the population of individuals needing behavioral health services within the service area. The program targets the following populations and service areas:

- a. Pregnant and postpartum women and women with dependent children
- b. Individuals injecting drugs
- c. Uninsured youth
- d. Individuals involved with the criminal justice system including state department of corrections
- e. Individuals referred by physicians, health clinics, and/or Screening, Brief Intervention, Referral and Treatment (SBIRT) programs.

**2. SUBSTANCE USE DISORDER SERVICES - CORE SERVICES.**

- a. Treatment Services (WAC 388-877 & 388-877B)

The Contractor must ensure outpatient and residential SUD services are provided to eligible Individuals according to the requirements identified in WAC.

Subject to availability of funds, treatment services to eligible Individuals must not be denied regardless of their:

- i. Drug(s) of choice.
  - ii. Use of legally prescribed medications.
  - iii. Use of over the counter nicotine cessation products or participation in a nicotine replacement therapy regimen.
  - iv. Washington State Contractor of residence. The Contractor must, subject to allocated funds and service availability, serve all eligible Washington State residents who may be transient and require services.
  - v. Ensuring assessment and admission to treatment services are scheduled to be provided within fourteen (14) days after an Individual makes the request.
- b. Ensure Interim Services ([42 USC 300x-23](#); [42 USC 300x-27](#); [CFR 96.131](#); and [CFR 96.126](#))
- i. Ensure Interim Services are available within 48 hours of seeking treatment.
  - ii. Document Interim Services in the Behavioral Health Data Store
  - iii. Ensure Interim Services include at a minimum:
  - iv. Counseling on the effects of alcohol and drug use on the fetus for the pregnant woman.
  - v. Prenatal care for the pregnant woman.
  - vi. Human immunodeficiency virus (HIV) and tuberculosis (TB) education.
  - vii. TB treatment services if necessary for Individuals Using Intravenous Drugs.

Ensure that each individual who requests and is in need of treatment for intravenous drug use and/or PPW are admitted to programs of such treatment not later than fourteen (14) days after making the request for admission.

- c. Tuberculosis Screening, Testing, and Referral. 42 USC 300x-24 (a) and 45 CFR 96.127 The Contractor must directly or through arrangement with other public entities, make tuberculosis services available to each Individual receiving SUD treatment. The services must include tuberculosis counseling, testing, and providing for or referring infected with tuberculosis for appropriate medical evaluation and treatment.

In the case an Individual in need of treatment service is denied admission to the tuberculosis program on the basis of the lack of the capacity, the Contractor will refer the Individual to another provider of tuberculosis services.

The Contractor must conduct case management activities to ensure the Individual receives tuberculosis services.

- d. Recovery Support Services can be provided to assist Individuals and their families to

become stable and maintain long term Recovery from SUD.

Recovery plans must be completed in coordination with the Individual in treatment and/or their family and the CDP or a CDPT under the clinical supervision of a CDP, to include:

- i. Individual assessment and level of care that considers:
- ii. The needs of the Individual and/or their families,
- iii. The extent to which there are Recovery Support Services, health and human services, and housing; and
- iv. The extent of available resources.
- v. The plan must demonstrate shared decision-making.
- vi. The plan must also document progress and final interview at the time of program discharge.

Services will be nonclinical in nature and may include: Employment Services, Housing Services, self-help and support groups, life skills, spiritual and faith- based support, education assistance services, and parent/family education.

e. Withdrawal Management (WAC 388-877 and 388-877B)

The Contractor may provide Withdrawal Management to those Individuals qualifying for those services. Facilities must have protocols established for serving Individuals receiving OST services that need Withdrawal Management from other substances.

f. Youth Outpatient Services (WAC 388-877 and 388-877B)  
Service Eligibility

- i. Services must be provided to Youth ages ten (10) through seventeen (17).
- ii. The age at which a Youth may self-refer for treatment without parental consent is thirteen (13) years of age.
- iii. Individuals under age ten (10) may be served with the approval of the North Sound BHO contact.
- iv. Young Adult Individuals, age eighteen (18) through twenty (20) who, based on developmental needs, may be served in a Youth outpatient treatment setting if determined to meet the Youth's clinical needs. The case file must contain documentation supporting the clinical decision.
- v. The case files of Youth served in an adult outpatient setting must contain documentation supporting the clinical decision to place the Youth in an adult setting.

g. Youth Family Support Services

- i. Young Adults who have been approved for Youth treatment must be billed as Youth.
- ii. Youth funds may be used for family support services using Fiscal/Program Requirements codes including:
- iii. Youth Group Therapy for Youth and Young Adults ages ten (10) through twenty (20).
- iv. Services to family members of Youth admitted to treatment and costs incurred to provide supervised recreational activities in conjunction with a SUD outpatient program. Family Services must be coded as family support services and Supervised Therapeutic Recreation must be coded as group therapy.
- v. Youth Individual Therapy for Youth and Young Adults ages ten (10) through twenty (20).
- vi. This also includes services to family and significant others of persons in treatment. These expenses should be coded as defined in the Behavioral Health Data Store.

h. Services Specific to PPW (CFR Title 45, Part 96.124)

The Contractor must publicize the availability of treatment services to PPW at the facilities, as well as the fact that PPW receive priority admission.

- i. PPW receiving treatment are treated as a family unit.

The following services are provided directly or arrangements are made for the provision of the following services with sufficient case management and transportation to ensure women and their children have access to services provided in i. through v. below:

- i. Primary medical care for women, including referral for prenatal care and childcare while the women are receiving such services.
- ii. Primary pediatric care including immunization for their children.
- iii. Gender specific SUD treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting are provided.
- iv. Provide, directly or through arrangements with other public or nonprofit private entities, childcare to Individuals participating in Assessment and treatment activities, and support activities such as support groups, parenting education and other supportive activities when those activities are recommended as part of the Recovery process and noted in the Individual's treatment plan.
- v. Therapeutic interventions for children in legal parental care of women in treatment which may, among other things, address their developmental needs, their issues of sexual abuse, physical abuse and neglect.

- i. Substance Use Disorder Assessment Services Specific to PPW.  
The Contractor must ensure Assessment requirements in addition to standard Assessment services, to include a review of the gestational age of fetus, mother's age, living arrangements and family support data.
  - i. 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 24 hours.
  - ii. Services Specific to Post-partum Women
  - iii. Services may continue to be provided for up to one (1) year postpartum.
  - iv. Childcare Services (45 CFR 96.131).
  - v. Off-site childcare services (with the exception of care provided in the child's or relative's home) are delivered by childcare providers licensed or certified by the Department of Early Learning in accordance with WAC 170-296A.
  - vi. Provide the parent with information to assist with the selection of an off-site childcare provider when on-site childcare is not available. The information supplied by subcontractors must include at a minimum:
  - vii. Direction to the DEL website address for information on childcare services at <http://www.del.wa.gov/care>
  - viii. Direction to the DEL website address for information on selecting childcare services at: <http://www.del.wa.gov/care/find-facility/Default.aspx>
  - ix. Assessment and treatment services are provided to Individuals Using Intravenous Drugs (42 USC 300x-22 and 45 CFR 96.126)
  
- j. Out-stationed Staff  
The Contractor must ensure out-stationed staff report all Individual data in the Behavioral Health Data Store.
  - i. Screens and Urinalysis (UA) Testing General Requirements
  - ii. Screens and UA testing is an allowable cost only within the context of a treatment plan.
  - iii. Eligible Individuals

The subcontractor must use the testing standards identified on the Contractor Minimum Urinalysis Testing Requirements document found accessing the Provider page of the DSHS Website:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/UrinalysisTestingRequirements.pdf>

#### **D. SERVICES IN SUPPORT OF CORE SERVICES-WITHIN AVAILABLE RESOURCES**

When the Contractor has Available Resources, the Contractor must provide services necessary to the facilitation of providing or preventing Core Services to members of priority groups ([RCW 71.24](#)). The Contractor must follow North Sound BHO policies and procedures that determine how the availability of resources for these services is determined, including

how decisions are made to authorize intake evaluations or deny provision of services due to insufficient resources.

#### **1. RECOVERY PLANS**

Plan must be completed in coordination with the Individual in treatment and/or their family and the Chemical Dependency Professional (CDP) or a Chemical Dependency Professional Trainee (CDPT) under the clinical supervision of a CDP, to include:

- a. Individual assessment and level of care that considers:
  - i. The needs of the Individual and/or their families;
  - ii. The extent to which there are Recovery Support Services, health and human services, and housing; and
  - iii. The extent of available resources;
  - iv. The plan must demonstrate shared decision-making;
  - v. The plan must also document progress and final interview at the time of program discharge;
  - vi. Services will be nonclinical in nature and may include: Employment Services, Housing Services, self-help and support groups, life skills, spiritual and faith-based support, education assistance services, and parent/family education.

#### **E. CONTRACTED SERVICES**

Contractor shall provide the following Behavioral Health Services, within available resources, as defined in the provision of this Contract and North Sound BHO Policy.

1. Community Inpatient and State Hospital Care Coordination
2. Child/Youth MH Outpatient and Medication Management Services
3. Adult/Child/Youth SUD Outpatient Services

#### **F. CONSIDERATION**

The consideration to be paid by North Sound BHO for the work to be provided by Contractor pursuant to this Contract shall consist of the available amount from primary funding sources as described in Exhibit Q of this Contract.

1. Contractor shall submit an invoice for capacity funded/cost reimbursement portions of this Contract on a monthly basis.
2. Contractor shall submit requests for flex funds and interpreter services in compliance with North Sound BHO Flex Fund Policy and Flex Fund Form incorporated herein by reference.
3. Contractor shall submit an invoice to North Sound BHO 15 days after the end of the month.



4. Contractor shall submit encounter data per the MIS section on the fee-for-service portion of this Contract.
5. The consideration by North Sound BHO to Contractor pursuant to this Contract shall be paid monthly within 15 working days of North Sound BHO's receipt of payment by DSHS/DBHR.

Funds for July 1, 2017, through March 31, 2018, following the end of the annual State legislative session, North Sound BHO shall offer an Amendment with the proposed funds for the next fiscal year. If for any reason Contractor does not agree to continue to provide services using the proposed funds, Contractor must provide the appropriate notice to North Sound BHO under the termination requirements of Section E.

**G. ENGAGEMENT SPECIALISTS**

Contractor shall complete the following services: Engagement specialists to provide pre-assessment engagement efforts, including problem solving, education, referral to resources, reminder calls/outreach, facilitation of positive intake experience intake. Engagement specialists will provide ongoing support as needed, including telephonic outreach and engagement. Specialists will deliver assistance during transitions in care or at times when the individual is vulnerable to dis-engagement. (For examples, individuals transitioning from residential to outpatient treatment).

**Goal:** Engagement specialists will reduce no-shows by 15% by the end of the first year.

Deliverable/Phase	Due
1) Provide baseline data – submit number of services versus no-shows per month for 2016. If this data is unavailable, the beginning of the contract cycle will be used as a baseline. AND	March 6, 2017
2) Provide an attestation that they are submitting no-show encounters through CIS and that these are an accurate representation of their no-shows. OR Submit a quarterly report detailing number of services versus no-shows per month. This report should include all service types (individual, group, prescriber, etc.) All agencies should work towards submitting data via the CIS. AND	June 5, 2017
3) Summary of engagement strategies used during the period. (Due at six months, one year, and then annually thereafter)	July 31, 2017, February 26, 2018, and annually thereafter

**Note:** Engagement specialists will not bill or submit encounters, and should focus primarily on services that are not billable under North Sound BHO's current structure.