



SALISH BHO **EXECUTIVE BOARD MEETING**

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: Friday, December 14, 2018
TIME: 9:00 AM – 12:00 PM
LOCATION: Jamestown S'Klallam Tribe, Council Chamber
1033 Old Blyn Hwy, Sequim WA

A G E N D A

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

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of Meeting Notes for October 19, 2018 (Attachment 5)
6. Action Items
 - a. Resolution Establishing One-Time Only Incentive Pay Program for Successful Transition to Fully Integrated Managed Care
 - b. Appointment of 2019 Board Chairs
7. Informational Items
 - a. MOU Update
 - b. Coordinated Care (CCW) Update
 - c. Next Steps for 2019 (Attachment 7.c)
 - d. Opiate Treatment Program Update
 - e. Advisory Board Update
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

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

[Full listing of definitions and acronyms](#)



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December 14, 2018

6. Action Items

a. RESOLUTION ESTABLISHING ONE-TIME ONLY INCENTIVE PAY PROGRAM FOR SUCCESSFUL TRANSITION TO INTEGRATED MANAGED CARE

Through adoption of Senate Bill 6312, Washington state is moving to full integration of funding and delivery of physical health, mental health and chemical dependency services into managed care organizations effective January 1, 2020. At that date, the Salish BHO will end, close and be dissolved. Staff members are essential to ensure successful transition to managed care and to oversee the cessation of the BHO services. As we get closer to January 1, 2020, staff will naturally be looking for other employment and may choose to leave their BHO position before the transition date. It is unlikely competent replacement staff will be found given the BHO will cease to exist on a date certain. Therefore, staff is proposing to create a one-time only incentive payment plan, whereby BHO employees would receive three months of pay in consideration for remaining in their BHO position through their employment termination date. Other behavioral health organizations have adopted similar payment plans as an inducement for staff to remain with the BHO through the transition period. The incentive payments will be fully funded through the Salish BHO reserve funds.

The SBHO currently has 11 dedicated staff FTE. If the SBHO does not become the BH-ASO, then all 11 of these staff may be laid off. If the SBHO is successful at becoming the BH-ASO, then only some of the SBHO staff will need to be laid off. The cost of this three-month separation pay for the 11 employees would be \$270,522 and if the SBHO becomes a BH-ASO the cost would be approximately \$135,261. The incentive payments would be fully funded by SBHO reserve funds.

Staff is requesting approval of one-time incentive payments equal to three months of salary for BHO employees who remain in their position through their employment termination date.

b. APPOINTMENT OF 2019 BOARD CHAIR

Per the Interlocal Agreement, annually, the Board shall elect a Chair, a Vice-Chair, a Second Vice-Chair and a Third Vice-Chair by majority vote. The Officers shall rotate annually through ascension unless otherwise agreed. Officers in 2018: Commissioner Ozias, Chair; Liz Mueller, 1st Vice-Chair; Commissioner Kler, 2nd Vice-Chair and Commissioner Gelder, 3rd Vice-Chair.

Informational Items

a. MOU UPDATE

On October 9, 2018, staff submitted a draft MOU to the Healthcare Authority (HCA). The MOU was written with the intent of providing the best opportunities for our region during and following the transition to Fully Integrated Managed Care. Staff followed up with the HCA on November 6th, 20th and 27th. As of December 3rd, MaryAnne Lindeblad at HCA reported that their legal team is reviewing the MOU and will provide comments as soon as possible.

b. COORDINATED CARE (CCW) UPDATE

As noted at the October Executive Board Meeting, Coordinated Care was awarded the statewide managed care contract to provide services for individuals under the Apple Health Foster Care Program. This change goes into effect January 1, 2019. As of January 1, 2019, the following groups of SBHO enrolled individuals will transition to Coordinated Care: Children and youth in foster care (dependencies with DSHS Children's Administration), Children and youth in adoption support, young adults in extended foster care (18-21year-olds), Young adults 18-26 who aged out of foster care on or after their 18th birthday. This change impacts about 1300 individuals for our region.

Two events that have occurred since the last Board meeting include the November 1st Knowledge Transfer with HCA and CCW and the November 13th CCW Provider Symposium. Staff will update the Board on the status of the Coordinated Care transition.

c. NEXT STEPS FOR 2019

The ASO contract requirements and limited HCA funding continue to pose significant challenges in feasibility. Staff will provide an update on the ASO contract and early ASO budget projections. If the SBHO intends to seek approval to become the BH-ASO, there is a considerable amount of work to complete in the first 9 months of 2019.

In addition to SBHO routine operations, the work to be completed in 2019 can be broken out into 4 main categories: BHO Closeout Activities, NCQA Standards for MCO Delegation and Contracting, HCA Readiness Review, and Provider Technical Assistance.

- Earlier this year, DBHR created a guidance document to assist with identifying some of the core tasks involved in the closeout of a BHO. This document is attached for your review.
- In order for the SBHO to contract with the MCOs under the HCA Fully Integrated Care Model, the SBHO must first meet NCQA Standards for the delegated function. The SBHO will need to successfully complete this process with Molina, United Healthcare, Amerigroup and Coordinated Care.
- In order to gain approval by the HCA to become a BH-ASO, the SBHO will have to first pass a detailed and comprehensive readiness review.
- The early and mid-adopter transition to FIMC has been quite challenging for behavioral health providers. In many regions, BHOs and ACHs have partnered to bring technical assistance in the areas of IT, Data/Billing and overall infrastructure development.



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d. **OPIATE TREATMENT PROGRAM UPDATE**

BayMark is finalizing their construction timelines for their Port Angeles facility. They have not finalized their lease in Kitsap County. Staff coordinated a meeting between BayMark and Jamestown S'Klallam to address BayMark's concern regarding financial sustainability of their clinic in Port Angeles in light of Jamestown S'Klallam's expressed interest in developing an OTP. The meeting was productive with BayMark committing to uphold their contractual agreement with the SBHO. BayMark also assured the Tribal Representatives that they will maintain regular communications with the Tribe as the project moves forward.

e. **SBHO ADVISORY BOARD UPDATE**

Russ Hartman, SBHO Advisory Board Chair, will provide an update.

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

Friday, October 19, 2018

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

**Jamestown S'Klallam Tribe Council Chambers,
1033 Old Blyn Highway, Sequim, WA 98382**

CALL TO ORDER – Commissioner Mark Ozias, Chair, called the meeting to order at 9:01 a.m.

INTRODUCTIONS – Self introductions were conducted around the room

ANNOUNCEMENTS - None

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS

Wendy Sisk, Peninsula Behavioral Health, clarified that Action Item 6.b, Appointment of Designated Crisis Responder is for the appointment of the network agency Designated Crisis Responder at Peninsula Behavioral Health (this is for the appointment of the individual who can designate a Designated Crisis Responder).

APPROVAL of AGENDA

MOTION: Commissioner Kathleen Kler moved to approve the agenda as submitted. Tribal Representative Liz Mueller seconded the motion. Motion carried unanimously.

APPROVAL of MINUTES

MOTION: Commissioner Kathleen Kler moved to approve the meeting notes as submitted for the August 17, 2018 meeting. Tribal Representative Liz Mueller seconded the motion. Motion carried unanimously.

ACTION ITEMS

➤ **Substance Abuse Block Grant (SABG)**

- The SABG RFP was posted on August 3rd with submissions due to the SBHO by October 3rd.
- At the August Advisory Board Meeting, the SABG subcommittee was formed and tasked with establishing the priorities and reviewing all submitted proposals.
- The Advisory Board approved a motion to allow the SABG subcommittees recommendations to serve as the overall opinion of the Advisory Board and for those recommendations to go directly to the Executive Board due to the need of having contracts in place prior to January 2019.
- The SABG subcommittee established recovery support and peer services, outreach and discharge support, and transportation as its priorities for the RFP.
- The issue of incorporating the development of peer services and recovery services into the funding was discussed. The Advisory Board SABG subcommittee had designated this as a priority and recommended funding to support several peer service programs.
- The recommendations made by the Advisory Board SABG subcommittee were all unanimously supported.
- Concerns were raised over the unallocated funds and how those would be utilized so that the SBHO does not lose the funds. Once this RFP process is complete, SBHO staff will look at conducting a second RFP to utilize those funds.

- It was suggested that the SBHO use the unallocated funds to create a recovery center or recovery academy for the providers in our region to utilize.
- It was recommended that the SBHO evaluate ways to better coordinate with the various funding sources in the three counties and to be more mindful of them during any RFP process to better serve the people in our region.
- Several agencies were disqualified from the RFP process due to not meeting the requirements the RFP established. One agency did not attend the mandatory bidders conference, one agency did not include the required documents in their proposal, and the SABG subcommittee chose not to support one of the proposals submitted.
- Concerns were raised over the SBHO RFP process as the providers proposals were poorly written and several agencies proposals were disqualified in the RFP process. It was suggested that the SBHO evaluate the RFP process and look at changing the system to make it easier and more successful for all parties involved.
- The Executive Board expressed its gratification towards the Advisory Board and the SABG subcommittee for its hard work and recommendations.

MOTION: Commissioner Kler moved to approve the SABG recommendations as submitted. Tribal Representative Liz Mueller seconded the motion. Motion carried unanimously.

➤ **Appointment of Network Agency Designated Crisis Responders**

- Per SBHO Policy and Procedure 3.08, each Network Agency shall have a SBHO Executive Board appointed designated employee within their respective agency to serve as the network agency Designated Crisis Responder (DCR). Peninsula Behavioral Health's network agency DCR has resigned. Peninsula Behavioral Health is requesting that Kathy Stevens be appointed as the new designated network agency DCR.

MOTION: Commissioner Kler moved to appoint Kathy Stevens as the network agency designated crisis responder for Peninsula Behavioral Health. Tribal Representative Liz Mueller seconded the motion. Motion carried unanimously.

➤ **Reappointment of Advisory Board Members**

- On December 31, 2018, the terms for Helen Morrison, Lois Hoell, Jennifer Kreidler-Moss, Roberta Charles and Jolene George expire. Lois, Jennifer, Roberta and Jolene expressed interest in extending their terms until December 31, 2019. The Advisory Board approved a motion to recommend the one-year reappointment of Lois, Jennifer, Roberta, and Jolene.

MOTION: Commissioner Kler moved to approve the reappointment of Lois Hoell, Jennifer Kreidler-Moss, Roberta Charles, and Jolene George for one-year term of January 1, 2019 – December 31, 2019. Tribal Representative Liz Mueller seconded the motion. Motion carried unanimously.

The issue of the Advisory Board continuing past 2019 was discussed. The Executive Board is working to determine the path the region is going to take past 2019 and will work on establishing some sort of advisory committee.

INFORMATIONAL ITEM

➤ **Integration Issues**

- **Transition to Behavioral Health Administrative Service Organization (BH-ASO)**
 - In mid-September, the SBHO's focus shifted from gaining support for a pilot project to negotiating a formal MOU with the Health Care Authority (HCA), designed to provide the best opportunities for our region moving forward. The focus for the SBHO region switched after it was determined the SBHO did not have the support needed to continue pursuing the pilot project.

- SBHO staff submitted an initial draft of the MOU to the HCA on October 9th and is awaiting feedback from the HCA. The MOU is focusing on the needs and concerns for our region including the outcomes that the SBHO would like to see for our region.
 - The draft contract for the BH-ASO was reviewed by SBHO staff in detail and staff comments and recommendations for the BH-ASO contract were submitted to the HCA in September. The SBHO raised concerns over the Medicaid requirements that were listed in the contract as the BH-ASO contract is for non-Medicaid funding. The Medicaid requirements are quite rigorous. The HCA is currently reviewing the comments and will hopefully adjust the contract based on the feedback the SBHO provided.
 - A second draft of the BH-ASO contract was expected to be released on October 12. As of October 19, the SBHO was still waiting for the second draft of the contract to be released.
 - SBHO Administrator, Stephanie Lewis, will be meeting with Allison Robbins, Program Manager at the HCA, on October 29 to discuss the BH-ASO contract. The board will be provided an update on the meeting at its December meeting.
 - As a reminder, the SBHO must submit a binding letter of attempt by May 2019 to become a BH-ASO.
 - SBHO staff is working to create a plan for spending down its reserve accounts as this plan will need to be in place by June of 2019.
 - SBHO staff are currently working hard to meet existing contract requirements while planning for new contract requirements. The Executive Board and the Olympic Community of Health offered its support to the SBHO during this transitional period.
 - The SBHO hosted a training on negotiating contracts for all SBHO contracted providers to help support and prepare our region for 2020. The training was very educational and informative and well received by our contracted providers.
- **ASO Language**
 - The Association of BHOs is planning to put forth legislation to formalize ASOs in the Revised Code of Washington (RCW). This will provide safeguards between the HCA and the BH-ASOs and clearly outline the responsibilities of BH-ASOs.
 - The Association of BHOs is exploring the option of attaching a budget ask.
 - The Executive Board offered its support to SBHO staff and asked to be notified if it could do anything to help support the language moving forward.
- **Coordinated Care**
 - Coordinated Care was awarded the statewide managed care contract to provide services for individuals under the Apple Health Foster Care Program. This change goes into effect January 1, 2019. As of January 1, 2019, the following groups of SBHO enrolled individuals will transition to Coordinated Care: Children and youth in foster care (dependencies with DSHS Children's Administration), Children and youth in adoption support, young adults in extended foster care (18-21year-olds), Young adults 18-26 who aged out of foster care on or after their 18th birthday. This change impacts about 1600 individuals for our region.
 - Coordinated Care had been awarded the bid, but it was uncertain if it was going to take place due to Coordinated Care being sanctioned for not meeting adequate care standards. As of October 19, most of the providers in our region do not have contracts in place with Coordinated Care. Providers will have to change how they submit claims and data.
 - SBHO will contract with Coordinated Care to provide crisis services. Coordinated Care currently does not have its contract requirements from the HCA, so it cannot engage in a contract with the SBHO for a January start date.
 - There will be a Knowledge Transfer meeting with the SBHO, HCA, and Coordinated Care on November 1.
 - Coordinated Care is hosting a Provider Symposium on November 13 at the Sequim Transit Center. All contracted providers in our region have been invited and are recommended to attend.

➤ **Preparing for the Upcoming Legislative Session**

- The Executive Board discussed the list of bills that was provided by the Senate Republican Caucus. These bills are all mental health related that the Senate intends to introduce this session. SBHO staff will monitor the progress of these proposed bills and will provide updates.
- The Executive Board requested that the Advisory Board review the bills in more detail and report back to the Executive Board.

➤ **Opiate Treatment Program Update**

- BayMark is finalizing the construction timelines for their Port Angeles facility and is working on finalizing their lease in Kitsap County.
- SBHO Staff has coordinated a meeting between BayMark and Jamestown S’Klallam Tribe on November 1 to address BayMark’s concerns regarding financial sustainability and the future of their clinic in Port Angeles.

➤ **1/10th of 1% Update**

- The Citizen’s Advisory Committee made its final funding recommendations for the 2019 1/10th of 1% Mental Health, Chemical Dependency and Therapeutic Court in Kitsap County. The funding recommendations were reviewed by the Executive Board.

➤ **Western State Hospital Update**

- Western State Hospital (WSH) is closing 2 civil wards, one by December 2018 and another by June 2019. This is impacting admissions in general, though older adults and those with medical needs are most significantly impacted. There has also been an increased push in discharges of individuals with more complicated needs. The WSH census has remained constant, though most of the admits are not from the community.

➤ **Kitsap Behavioral Health Navigator Program**

- Kim Hendrickson, Project Manager of the Behavioral Health Navigator Program presented to the board to share information about her program.
- Kitsap Counties 1/10th of 1% has funded the Police Navigator Program which partners with behavioral health specialists (Navigators) to offer support and referrals for services. The navigators are not providing treatment, they are assisting and making referrals for treatment.
- This program is great for small communities as it enhances crisis response and is affordable.
- Kim Hendrickson requested that the SBHO share the data it is receiving from the jails so that the effectiveness of her program could be measured. Kim also requested the development of a task force focused on jail diversion for the SBHO tri-county region.

➤ **SBHO Advisory Board Update**

- The Advisory Board held its elections for Chair and Vice Chair for 2019. Russ Hartman was elected to serve as Chair and Lois Hoell was elected to serve as Vice Chair.
- The Advisory Board was disappointed that the Pilot Project wasn’t successful but is supportive of the MOU and the current direction the SBHO is going.

PUBLIC COMMENT

- Stephen Workman – Attended the Opioid Summit and raised concerns over the data being collected and presented as the differences from agency-to-agency are quite significant.

GOOD OF THE ORDER

- Thank you for all the efforts that are being made in a time of uncertainty and chaos. The discussions and the teamwork are very much appreciated. We will need to lean on each other over the next year to give ourselves the best chance for achieving positive outcomes.
- The next meeting for the Executive Board is December 14 at 9:00 a.m. Due to the growing agenda, it was determined to make the meeting three hours in length.

ADJOURNMENT – Consensus for adjournment at 11:15 a.m.

ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:		Sally O'Callaghan, SBHO Advisory Board
Commissioner Kathleen Kler	Stephanie Lewis, SBHO Admin	Joe Roszak, KMHS
Commissioner Mark Ozias	Jolene Kron, SBHO Staff	Wendy Sisk, PBH
Elya Prystowsky, Olympic	Alexandra Hardy, Recording Secretary	Colleen Bradley, FYSPRT
Liz Mueller, Jamestown S'Klallam Tribe		Sandy Goodwick, SBHO Advisory Board
		Steve Workman, SBHO Advisory Board
Excused		Kim Hendrickson, City of Poulsbo
Commissioner Robert Gelder		Becky Erickson, City of Poulsbo, Mayor
Russ Hartman, SBHO Advisory Board		

NOTE: These meeting notes are not verbatim

Division of Behavioral Health and Recovery

Behavioral Health Organization Closeout Guidelines/Transition to Integrated Managed Care

5-7-18

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

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Overall Planning

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

General Business Operations

Human Resources/Personnel

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

Office Space/Vendor Notification

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

Inventory of Assets and Property

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

Financial Activities

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

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

Spenddown Plan

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

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

Contracts and Agreements

Termination of Contracts/Agreements and Notification

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

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

Audits and Monitoring

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

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

Clinical Services and Continuity of Care

Enrollee Notification

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

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

Authorizations and Census/Enrollment

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

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

Continuity of Care and Knowledge Transfer Process

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

Crisis Hotline

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

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

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

Coordination with Eastern or Western State Hospital

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

The number of people in the BHO service area who are ready for discharge, including demographic information and current discharge plan

Mental Health Inpatient/General Considerations

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

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

Evaluation and Treatment facilities

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

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

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

Children's Long Term Inpatient Program (CLIP)

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

Specialized Programs/Services

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

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

WISe Services

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

PACT Services

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

Medicaid Personal Care Services

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

Tribal Coordination

Tribal Coordination with the Tribes and Urban Indian Health Programs

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

Data Submission and Data Sharing/Transition Activities

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

Records Retention and Accounts Access

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

Final BHO Reviews

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

Quality Management and Other Deliverables

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

Committees, Boards, and Other Transfer Activities

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

FYSPRT

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

CLIP Committee

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

Enrollee Due Process

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

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

Community and Media Communications

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

Important and Ideal Timelines

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

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