North Central
Accountable Community of Health

Fully-Integrated Medicaid Contracting Advisory Committee
North Central Accountable Community of Health
MEETING NOTES
10:00 – 11:30 AM March 8th, 2017, Okanogan Behavioral Healthcare, Omak, WA

Attendance: See attached attendance list for full list of participants

Qualis Behavioral Health IT Assessment Update

Isabel Jones, HCA

Qualis is performing an IT assessment of NC ACH Behavioral Health Providers through the practice transformation hub in order to address IT issues related to FIMC with provider early. It is an assessment of current billing capacity, billing and IT systems, and recommendations on technical assistance needs to ensure providers are prepared for FIMC on Jan, 1, 2018. The assessment has started with an initial call with the BHO staff and the HCA. The next step is to put together an assessment tool that will be sent to BH providers. In early April they will do on-site assessments using the assessment tool. Final report should be ready by early May which will include recommendations for technical assistance.

RFPs Update and Response Timeline

Isabel Jones and Alice Lind, HCA

1. Draft timeline for Administrative Services Organization procurement

Activity	Date	Time
Issue Request for Proposals	March 17, 2017	
Letter of Intent to Bid due	March 31, 2017	2:00 p.m. PT
Bidder Questions Due	April 14, 2017	2:00 p.m. PT
HCA Response to Questions (via RFP amendment)	April 21, 2017	
Proposals due	May 10, 2017	2:00 p.m. PT
Evaluate proposals	May 11, 2017 – June 1, 2017	
Announce "Apparently Successful Bidder" and send notification via e-mail to unsuccessful Bidders	June 9, 2017	
Debriefing conferences request deadline	June 14, 2017	2:00 p.m. PT
Negotiate contract	September 1, 2017	
Readiness Review	September 1, 2017 – October 31, 2017	
Begin contract work	January 1, 2018	

2. Revised timeline for Managed Care Organization procurement

RFP documents are found at this site: http://www.hca.wa.gov/about-hca/bids-and-contracts#current-hca-acquisitions (RFP's, scroll to bottom – RFP 1812)

Amendment is found here:
http://www.hca.wa.gov/assets/program/RFP1812_Amendment%201.pdf

Amendment updates the due date for proposals:

- Bidder Questions Due — March 13, 2017, 2:00 p.m. PT
- HCA Response to Questions (via RFP amendment) — March 23, 2017
- Proposals due — April 14, 2017,2:00 p.m. PT
- Evaluate proposals — April 17, 2017-May 15, 2017
- Announce "Apparently Successful Bidder" and send notification via e-mail to unsuccessful Bidders — May 22, 2017
- Debriefing conferences request deadline — May 26, 2017, 2:00 p.m. PT
- Negotiate contract — July 1, 2017
- Readiness Review — July 1, 2017- September 30, 2017
- Begin contract work — January 1, 2018

As a reminder, ALL communication, questions, etc. regarding this RFP should be directed to the RFP Coordinator, Andria Howerton at contracts@hca.wa.gov. All other communication will be considered unofficial and non-binding on HCA. Communication directed to parties other than the RFP Coordinator may result in disqualification of the potential Bidder.

A letter of intent to propose was received by HCA from all 5 MCOs currently in the region.

BHO Managed Committees Overview

Courtney Ward, North Central Washington Behavioral Health

There are three committees that the BHO currently oversees three contracted committees. These committees will be transferred to another organization when the BHO dissolves. One of the Advisory Committees tasks is to determine who these committees should be transferred to.

Behavioral Health Advisory Committee

- This committee meets once per month
- Requirement within Prepaid Inpatient Health Plan (PIHP) and Behavioral Health Services Contract per WAC 388-865
- The Advisory Board is a volunteer community member board that advises NCWBH and Governing Board on service delivery and operations. Currently has about 20 members
    - Members are expected to represent the area's geographic and demographic population, including minority and cultural diversity
    - Fifty-one percent (51 %) of board membership is comprised of members with lived experience, family, and/or who self-identify as a person in recovery from a behavioral health disorder
        - Other members include local law enforcement, community partners, other professionals, and community members. An Advisory Board Chair is selected to facilitate meetings independent of NCWBH
- Responsibilities of Advisory Board include:
    - Identifying areas of growth and improvement through data collection, analysis, and monitoring
    - Reviewing information provided by NCWBH and providing feedback
    - Reviewing information provided by Quality Review Team and providing feedback
    - Presenting recommendations to the Governing Board for approval

Family Youth and System Partner Round Tables (FYSPRT)

- Separate Contracted Service
- Implemented January 2016
- Focused on youth up to age 21 and their families
- The FYSPRT meetings are intended to provide a forum for youth and families who have received services from the broader children's systems
    - Members discuss their experiences with other community partners and identify gaps in the community network
- NCWBH employs a FYSPRT Coordinator who:
    - Organizes the roundtable
    - Member recruitment
    - Assists in facilitating meetings
    - Holds regional meetings
- Membership is comprised of community partners and past or present youth and family service recipients
    - A FYSPRT representative is invited to join the Advisory Board

Children's Long Term Inpatient Programs Committee (CLIP)

- Requirement within Prepaid Inpatient Health Plan (PIHP) and Behavioral Health Services Contract
    - The Contractor must coordinate with the Children's Long-term Inpatient ("CLIP") Administration to develop CLIP resource management guidelines and admissions procedures
    - The Contractor must enter into, and comply with, a written agreement with the CLIP Administration regarding resource management guidelines and admissions procedures
- Committee must include:
    - Children's Administration Rep
    - Rehabilitation Administration-Juvenile Rehabilitation
    - Developmental Disabilities Administration
    - Other cross-system professionals and community stakeholders
- BHO must designate a CLIP liaison

There is a quality review team listed within the Quality management plan – this is facilitated by a third party. The BHO contracts that out.

In SWWA the committees are being managed as follows:

- BH Advisory Committee is managed by the ACH – ACH contracts it out to another organization
- FYSPRT managed by BEACON
- CLIP managed by BEACON

The county commissioners do not want the counties to manage the committees. The NC ACH does not want to manage the committees.

Continuing Behavioral Health Committees after FIMC

Isabel Jones, HCA

As the region transitions to integrated managed care, all Committees, roundtables and other functions of the Behavioral Health Organization must transition to new entities. The following table describes Committees/functions currently administered by the North Central BHO, and potential options for continuation of these functions in January 1, 2018. There is no set way that these committees should transition from the BHO. All of these committees/functions have some funding associated with them. The default would be that they would be contracted to the ASO. The NC ACH is not interested in taking on these committees for sustainability reasons since the future of the ACH is unknown.

Title	Description	Options
Ombudsman	**Employment of Independent Behavioral Health Ombudsman** The Contractor shall provide a regional behavioral health ombuds as described in WAC 388-865-0262 and RCW 71.24. **Key Functions:** • Hiring and maintenance of a behavioral health ombuds office Review reports and recommendations from the Ombuds office, at least biennially	HCA recommends the Ombuds be employed as an independent contractor of the BH-ASO.
FYSPRT	**Family Youth System Partnership Roundtable (FYSPRT) Contract** Family, Youth and System Partner Round Tables provide a forum for families, youth, systems, and communities to address challenges and barriers by promoting cohesive behavioral health services for children, youth and families in Washington State. The FYSPRTs serve as an integral part of the *Children's Mental Health Governance Structure* that was adopted within the *T.R. et al. v. Kevin Quigley and Dorothy Teeter Settlement Agreement* and informs and provides oversight for high-level policy-making, program planning, decision-making, and for the implementation of this Agreement, including the implementation of Wraparound with Intensive Services (WISe). **Key Functions:** • Establish and resource the Regional FYSPRT • Organize and convene FYSPRT meetings • Develop and implement a strategic plan.	• BH-ASO • Community Organization • Accountable Community of Health • Other options?

	• Contract reporting	
Behavioral Health Advisory Board	**Management of Community Behavioral Health Advisory Board (BHAB)** Community Behavioral Health Advisory (CBHA) Board" means an advisory board representative of the demographic characteristics of the Region. Representatives to the board shall include, but are not limited to: representatives of the Consumer and families, clinical and community service resources, including law enforcement. Membership shall be comprised of at least fifty-one percent (51%) Consumer or Consumer family members as defined in WAC 388-865-0222. Composition of the CBHA Board and the length of terms shall be submitted to HCA upon request. **Key Functions:** • Establish and resource the CBHA • Organize and convene meetings • Participate in meetings • Contract reporting	• BH-ASO • Community Organization • ACH • Other?
CLIP Committee	The CLIP Committee is a local Committee that is the referral mechanism for individuals in the region who are seeking voluntary admission to the Children's Long Term Inpatient Program (CLIP). The Committee members manage the referrals and conduct reviews, and then make recommendations to the Statewide CLIP Committee for consideration.	• BH-ASO • Joint management by MCOs and ASO • Provider Agency • Other?

Advisory Committee Workgroups

Christal Eshelman, NC ACH

Several workgroups were formed in order to address some issues more in depth. They are:

a. **Managed Care Rates** - Ensure a fully informed rate setting process by HCA by developing a systematic way to capture information from the region on major changes to provider capacity and service utilization and making sure that HCA receives that information in a way that is usable.
b. **IT/EHR** - work to identify issues and solutions surrounding IT and EHRs.
c. **Early Warning System** - Develop a regional Early Warning System that will monitor metrics such as timeliness of claims payment, client grievances, ombudsman grievances, ESH bed utilization, crisis calls, ITA investigations, detentions, and emergency department utilization to determine if any transition issues are occurring that we should rapidly respond to.
d. **Consumer Engagement** - Provide recommendations and work to engage consumers in the FIMC process.

If you are interested in joining any of the above workgroups please email: Christal.eshelman@cdhd.wa.gov.

e. **Care Integration/Whole Person Care Collaborative** – The Collaborative was formed a little over a year ago and is focused on integrating physical and behavioral health services to achieve whole person care. The Collaborative is currently composed of physical health providers. They are in the process of incorporating behavioral health providers and other stakeholders.

If you are interested in joining the Whole Person Care Collaborative, please email John.schapman@cdhd.wa.gov for more information.

Upcoming Meetings

Date	Location	Topic
Mar. 22 10:00 – 11:30 AM	Confluence Technology Center 285 Technology Center Way Wenatchee, WA 98801	Early Warning System
Apr. 5 10:00 – 11:30 AM	**CANCELLED**	**CANCELLED**
Apr. 19 10:00 – 11:30 AM	Quincy Community Health Center 1450 1st Ave SW Quincy, WA 98848	Tabletop exercise: Variety of complex patient care scenarios
May 17 10:00 – 11:30 AM	Confluence Technology Center 285 Technology Center Way Wenatchee, WA 98801	TBD

Please send additional topic ideas that you would like to discuss to christal.eshelman@cdhd.wa.gov.

Announcements:

HCA Medicaid Transformation Demonstration Public Forum

Wednesday March 15th: 6 – 7:30 PM
Douglas County Public Services Building Hearing Room
140 19th St NW, East Wenatchee, WA 98802

North Central ACH Medicaid Demonstration Project Update Meetings

Twisp, WA **Wednesday March 8th**
Aero Methow Rescue Services
1005 Hwy 20 East Twisp, WA
1:30 PM – 3:00 PM

Omak, WA **Friday March 24th**
Okanogan Behavioral Healthcare
1007 Koala Ave, Omak
1:00 PM – 3:00 PM

Grant Co. **Monday April 10th**
Samaritan Hospital
801 E. Wheeler Road, Moses Lake

1:00 PM- 2:30 PM

Wenatchee **Thursday April 13th**
Confluence Technology Center
285 Technology Center Way, Wenatchee
1:00 PM – 2:30 PM

North Central ACH Governing Board Meeting
Monday April 3rd: 12:30 PM – 2:30 pm
Pateros Fire Station 10
191 Industrial Way Pateros, WA
Conference Call in: 509-319-2019; Conference code: 208603

Whole Person Care Collaborative Meeting
Monday April 10th: 10:00-11:30AM
Chelan-Douglas Health District Conference Room
200 Valley Mall Parkway, East Wenatchee
Conference Call in: 509-319-2019; Conference code: 208603

Attachments:

RSVP Attendance Roster
Behavioral Health Organization Handouts

- BHO Managed Committees Presentation
- Quality Management Handout
- Family Youth and System Partner Round Tables Handout
- Children's Long-Term Inpatient Programs Committee Handout

Fully-Integrated Medicaid Contracting Advisory Committee
March 8th, 2017 Attendance

Last Name	First Name	Organization	Title	Mar 8
Adams	Winnie	North Central Educational Service District	School Nurse Corps Director	X
Adkinson	Theresa	Grant County Health District	Administrator	X
Aguilar	Gretchen	Three Rivers Hospital		X
Apple	Lisa	Okanogan Behavioral HealthCare	Chief Compliance Officer	X
Arnold	Rebecca	Okanogan Behavioral HealthCare	Quality Assurance Coordinator	X
Bent	Josie	Okanogan Behavioral HealthCare	Executive Assistant	X
Billing	Michael	Mid-Valley Medical Group		X
Blake	Jessica	Okanogan Behavioral HealthCare	HR Director	X
Blake	Diane	Cascade Medical	CEO	X
Bolotin	Selena	Qualis Health	Practice Transformation Director	X
Boothman	Darla	Grant Integrated Services	Director Administrative Services	X
Bryant	Amber	Amerigroup	Network Relations Specialist	X
Burns	Tamara	North Central Behavioral Health Organization	Administrator	X
Bush	Ruth	Coordinated Care	Dir Behavioral Health Integration	X
Chilson	Shiela	Moses Lake Community Health Center	Chief Executive Officer	X
Corson	Rebecca	Mid-Valley Clinic	Clinic Administrator	X
Crain	Anne	Together for Youth	CVA	X
Darnell	Darlene	Catholic Charities	CEO	X
Denison	Tenzin	Okanogan Behavioral HealthCare	Clinical Director	X
Donohue	David	LifeShare	Sr. VP	X
Down	Kayla	Coordinated Care	Manager, Health Policy & External Relations	X
Edwards	Blake	Children's Home Society of Washington, North Central Region	Acting Clinical Program Manager	X
Ervin	Andi	Okanogan County Community Coalition	Executive Director	X
Eshelman	Christal	North Central Accountable Community of Health	Project Coordinator	X
Evans Parlette	Linda	North Central Accountable Community of Health	Executive Director	X
Fahey	Lisa	Okanogan Behavioral Healthcare	Finance Director	X
Fall	Tami	Family Health Centers	Grants Accountant/Internal Auditor	X
Ferrell Crowley	Raquel	Office of Senator Patty Murray	Central Washington Director	X
Finn	Alicia	North Central Behavioral Health Organization	NCW Regional FYSPRT Coordinator	X
Fisher	Allan	UnitedHealthcare	COO	X
Gildred	Tory	Coordinated Care	Sr. Director of Foster Care	X
Gillis	Megan	Molina Healthcare of Washington, Inc.	Provider Contract Manager	X
Goodwin	Gail	Grant Integrated Services	Director of Management Services	X
Hernandez-Baird	Laura	Family Health Centers	Certified Application Counselor	X
Hinkle	Bill	HopeSource	Senior Consultant	X
Hoekstra	Timothy	Columbia Valley Community Health	Behavioral Health Services Director	X
Hourigan	Rick	Confluence Health - Wenatchee		X
Howard	Whitney	Molina Helathcare of WA	Director, FIMC Implementation	X
Ishizuka	Paul	Samaritan Healthcare	Chief Financial Officer	X
Jackson	Jim	WA Dept. of Social & Health Services	DSHS ACH Liaison	X
Jacobsen	Karen	Family Health Center	BH Director	X

Fully-Integrated Medicaid Contracting Advisory Committee
March 8th, 2017 Attendance

Last Name	First Name	Organization	Title	Mar 8
Johnson	Jay	Confluence Health	Senior Vice President	X
Jones	Isabel	Health Care Authority		X
Justus	Robert	Confluence Health	Medical Director Primary Care Service LIne	X
Kling	Barry	Chelan-Douglas Health District	Administrator/Superintendent	X
Latet	Kat	Community Health Plan of Washington		X
Lim	Allison	Family Health Centers	Quality Management Director	X
Lind	Alice	HCA	Manager, Program Development	X
Lutz	Curt	Chelan County Regional Justice Center	Director	X
Lynch	Karen	Catholic Family		X
McCormick	Carol	Chelan Douglas Health DIstrict	Nursing Director	X
Mickelson	Christine	North Central BHO		X
Miller	Deb	Community Choice	Executive Director	X
Miller	Traci	Mid-Valley Medical Group	Patient Care Coordinator	X
Mom-Chhing	connie	Community Health Plan of Washington	Director, Fully Integrated Managed Care	X
Morris	Molly	Coulee Medical Center	Financial Counselor/CHW	X
Neff	Kris	Samaritan Healthcare	Chief Operating Officer	X
Nelson	Kathleen	Grant County Health District	Manager	X
Nelson	Clarice	North Valley Hospital	Commissioner	X
Osgood	Bethany	Amerigroup Washington	External Affairs Manager	X
Politte	Danielle	Optum	Network Manager	X
Randall	Lorna	Northwest Justice Project	Attorney	X
Rayburn	Cheri	Self	Community Volunteer	X
Raymond	John	HopeSource Community Action	COO	X
Rosenthal	Skip	Okanogan Behavioral Health	Chief Executive Officer	X
Ryan	Eric	LifeShare USA		X
Schapman	John	North Central Accountable Community of Health	Program Manager	X
Smith	Gary	Chelan County Juvenile	Juvenile Probation Mngr.	X
Stover	Loretta	The Center for Alcohol & Drug Treatment	Executive Director	X
Switzer	Carmen	CHPW	Provider Relations Administrator	X
Thompson	Tawn	DOH	Practice Facilitator	X
Tippett	Chris	The Center for Alcohol & Drug Treatment		X
Wallingford	Carol	CHPW	Provider Relations	X
Walsh	Kylie	Wilson Strategic	Project Coordinator	X
Ward	Courtney	North Central BHO	Fiscal and Contracts Manager	X
Whinston	Melet	UnitedHealthcare	Chief Medical Officer	X
Wilbur	Shirley	Catholic Family		X
Wright	Alexandra	LifeShare Management Group	Behavioral Health Specialist	X
Zimmerman	Samantha	Washington State Health Care Authority	Payment Redesign Analyst	X

North Central Washington Behavioral Health (NCWBH)

COURTNEY WARD, MPA
FISCAL/CONTRACTS MANAGER

Behavioral Health Advisory Committee

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- Responsibilities of Advisory Board include:
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NORTH CENTRAL WASHINGTON BEHAVIORAL HEALTH POLICY AND PROCEDURE MANUAL		Policy No:	4.1
Chapter:	QUALITY MANAGEMENT	Page:	1 of 9
		Date Effective:	December, 2002
Title:	QUALITY ASSURANCE AND IMPROVEMENT	Date Revised:	10.11.2010 5.21.2010 6.12.2015 9.15.16
		Authorizing Signature:	

AUTHORITY: WAC 388-865-0264, 0266, 0375
DSHS Title XIX Contract and Federal Waiver
PIHP/State Contracts
Agency contracts and subcontracts
42CFR438.240

SCOPE: This policy applies to North Central Washington Behavioral Health (NCWBH) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy establishes the NCWBH Quality Management Plan.

DEFINITIONS: *Quality Assurance*: activities seeking outcomes of compliance with minimum requirements and expected levels of performance, quality, and practice

Quality Improvement: activities seeking to improve quality of performance above minimum requirements and expectations

POLICY:

1. PURPOSE

The North Central Washington Behavioral Health organization (NCWBH) commits to efforts of quality management guided by its mission, *"Providing high-quality, culturally appropriate, person-centered services through an integrated behavioral health network."*

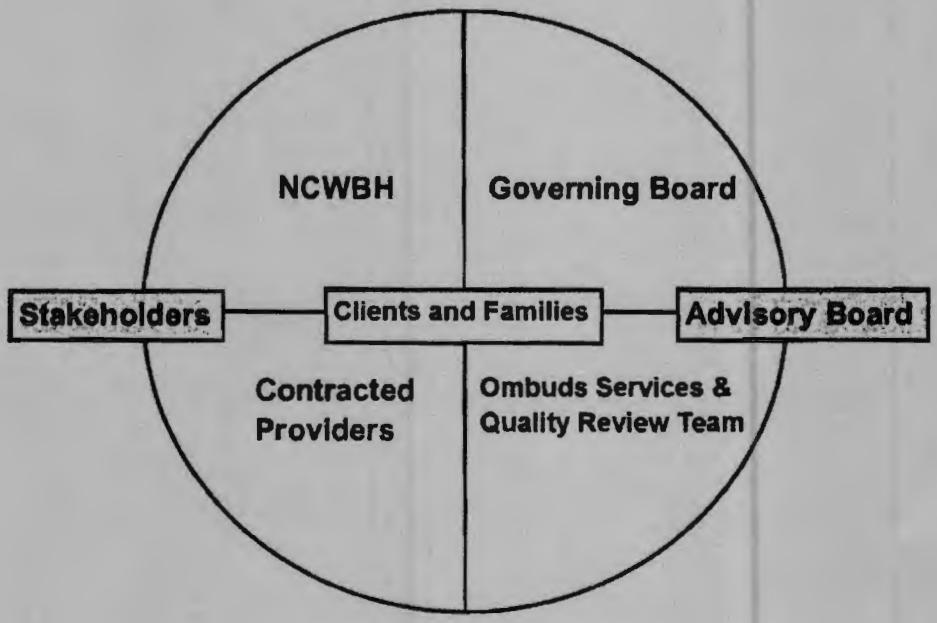
The Quality Management Plan provides clear structure to the Quality Assurance and Improvement process by:

1) Identifying necessary and effective Quality Management strategies;
2) Implementing these strategies in a consistent manner;
3) Outlining methods of monitoring to review effectiveness of implementation;

4) Identifying avenues of feedback to inform ongoing activities;
5) and incorporating feedback into activities and future Quality Management Plans.

2. PARTICIPANT STRUCTURE

The NCWBH Quality Management Plan is built on the foundation of clients, professionals, and the community working together to evaluate the service delivery system. Participants interact through committees and formal feedback processes.



a. North Central Washington Behavioral Health Organization

NCWBH employees contribute to the Quality Management Plan through assigned duties in areas of fiscal and contract management, data submission, clinical care and client services, compliance, and overall quality management. Formal Quality Management participation includes:

- *Quality Team*

  Quality Team is led by NCWBH Quality Manager with meetings held monthly. The team is comprised of NCWBH staff to review quality concerns and develop initiatives with respect for contract guidelines, federal and state requirements, clinical care, and data submission. Quality Team responsibilities include:
  - Collecting, analyzing, and monitoring data and clinical charts as created by contracted network providers
  - Implementing necessary changes across the system with consideration for integration of clinical and data needs
  - Preparing information to be provided for review to Quality Review Team, Advisory Board, and/or Governing Board

- Monitoring deadlines for NCWBH and contracted provider deliverables and other required submissions
- Identifying gaps and areas of improvement in service delivery, documentation, and reporting

- *Management Team*
  Management Team is led by NCWBH Fiscal and Contracts Manager with meetings held monthly. The team is comprised of at least one (1) provider representative from each provider holding positions in their respective agencies in Administration, Director, Management, or designees. Management Team responsibilities include:
  - Discussing any changes or updates to the behavioral health network system
  - Reviewing or clarifying contracts and other related requirements
  - Coordinating and collaborating across the network system
  - Identifying gaps and areas of improvement in network coordination
- *Information Systems Quality Team (ISQT)*
  ISQT Is led by NCWBH IS Administrator with meetings held monthly. The team is comprised of at least one (1) provider representative from each provider holding positions in their respective agencies in information systems and data administration. ISQT responsibilities include:
  - Discussing data submission, accuracy, integrity, and continuity
  - Database consultation, including implementation and use of electronic health record for data collection and submission
  - Reviewing changes to process/procedure and discussion issues with data submission
  - Reviewing and requesting changes to the electronic health record system
- *Clinical Team*
  Clinical Team is led by NCWBH Clinical Director with meetings held monthly. The team is comprised of at least one (1) provider representative from each provider holding positions in their respective agencies in clinical supervision, program management, or clinical directorship. Clinical Team responsibilities include:
  - Reviewing and discussing the clinical process and expectations
  - Receiving training from NCWBH Clinical Director on policy and procedure and practice guidelines
  - Coordinating and consulting between providers on complex cases
  - Identifying gaps and areas of improvement in service delivery and coordination

b. Governing Board

NCWBH Governing Board assumes all responsibility for oversight of the behavioral health organization/prepaid inpatient health plan. The board is comprised of one (1) elected official from each of the counties in the regional service area (Chelan, Douglas, and Grant). Responsibilities include:

- Considering recommendations made by Advisory Board or other appropriate entity regarding NCWBH operations
- Directing NCWBH Administrator in taking appropriate action in response to recommendations or requests

c. Advisory Board

The Advisory Board is a volunteer community member board that advises NCWBH and Governing Board on service delivery and operations. Members are expected to represent the area's geographic and demographic population, including minority and cultural diversity. Fifty-one percent (51%) of board membership is comprised of members with lived experience, family, and/or who self-identify as a person in recovery from a behavioral health disorder. Other members include local law enforcement, community partners, other professionals, and community members. An Advisory Board Chair is selected to facilitate meetings independent of NCWBH. Responsibilities of Advisory Board include:

- Identifying areas of growth and improvement through data collection, analysis, and monitoring
- Reviewing information provided by NCWBH and providing feedback
- Reviewing information provided by Quality Review Team and providing feedback
- Presenting recommendations to the Governing Board for approval

d. Quality Review Team

The Quality Review Team (QRT) is established following guidelines outlined in WAC 388-865-0266 and operates independently of NCWBH. QRT is comprised of members with lived experience, family, and/or who self-identify as a person in recovery from a behavioral health disorder. Representatives of the QRT are invited to join the Advisory Board. QRT members review the service delivery system through analysis of data, meetings and feedback with consumers and/or their families, and feedback from allied partners with special consideration paid to the following:

- Service diversity, accessibility, and availability of alternatives to hospitalization, including cross-system coordination and range of treatment options
- Overall quality of care, including assessment of the degree to which services are focused on the individual with respect for age and culture
- Effectiveness of NCWBH and contracted provider coordination with allied systems including, but not limited to, schools, state and local hospitals, jails, and shelters
- Individual outcomes in rehabilitation and recovery and consumer satisfaction

e. Ombuds Services

Ombuds Services are made available in accordance with WAC 388-865-0262. NCWBH contracts Ombuds services with a community partner to ensure independent functionality from NCWBH and providers. Responsibilities include:

- Working as a consumer advocate
- Assisting with filing and resolution of Grievances with NCWBH or providers
- Facilitating and overseeing the QRT
- Submitting monthly complaint/Grievance reports to NCWBH
- Providing quality improvement recommendations to the Advisory Board and Governing Board

f. Family Youth and System Partner Roundtable (FYSPRT)

The FYSPRT meetings are intended to provide a forum for youth and families who have received services from the broader children's systems to discuss their experiences with community partners and identify gaps in the community network. NCWBH employs a FYSPRT Coordinator who organizes the roundtable, including member recruitment, and assists in facilitating meetings. Membership is comprised of community partners and past or present youth and family service recipients. A FYSPRT representative is invited to join the Advisory Board.

g. Contracted Providers

Contracted providers in NCWBH service area provide direct service and support to eligible clients and families. Representatives from providers participate in Management Team, ISQT and Clinical Team and attend Stakeholders, Advisory Board, and Governing Board. Provider representatives may be asked to participate in additional committees as needed and appropriate to content or intent.

h. Stakeholders

Allied community partners meet once per month to review and discuss systems delivery from all aspects of health and social services. Participants may include, but are not limited to, representatives of social and health services, social service provider agencies, behavioral health provider agencies, local hospital and other healthcare providers, local law enforcement and juvenile justice, and local government. Two groups meet for these purposes – Stakeholders of Chelan and Douglas Counties and Stakeholders of Grant County. A representative of Stakeholders provides updates and feedback to the Governing Board.

i. Clients and Families

Clients of behavioral health services and their families and supports are the foundation of Quality Management. All recipients of NCWBH provider services provide feedback to the system through exercising their right to file Grievances. Clients also have access to Ombuds Services for advocacy assistance. Clients are also encouraged to complete Satisfaction Surveys at

various points of treatment services with results reviewed by the QRT and Clinical Team. Formal participation is encouraged through QRT and Advisory Board.

3. QUALITY ASSURANCE AND IMPROVEMENT

NCWBH regularly monitors data submission, clinical activities, and administrative functions for Quality Assurance and Improvement. Specific monitoring activities and targeted initiatives are described in the Quality Management Work Plan, including expected outcomes and methods of measurement.

a. Data Submission and Monitoring

NCWBH Information Systems Administrator and Analysts ensure all data is collected and submitted in accordance with guidelines established by Federal and State guidelines as outlined in in NCWBH MIS Quality Control and Assurance Plan and/or policy and procedure. NCWBH IS staff also provide technical assistance in the use of the electronic health record for data entry, submission, and correction.

In addition to Quality Assurance, data reports are obtained from the electronic health record systems to support Quality Improvement activities. Data reflecting Performance Measures, Performance Improvement Plan interventions, and other targeted areas is collected and analyzed. Trends in data provide feedback on effectiveness of improvement initiatives.

b. Clinical Monitoring

NCWBH monitors the clinical provision of services by contracted providers through reviews of client charts and other clinical documentation. A representative sample of client charts (the smaller of 10% or a total of 500) is reviewed annually. Providers are monitored for essential compliance with WAC standards, adherence to Practice Guidelines, and for use of targeted interventions outlined in Performance Improvement Plans or other Quality Improvement initiatives. At a minimum, the following is reviewed:

- Traceability of Services, including documentation of established Medical Necessity and meeting Access to Care Standards
- Timeliness of Services, including compliance with access and appointment standards
- Range of Services/Network Adequacy
- Provision of culturally competent services
- Coordination with Primary Care and other providers
- Over/Underutilization of Services

c. Contract Monitoring (Administrative Reviews)

Providers are monitored for contract compliance once per year during the Administrative Review. Provider policies and procedures are verified, personnel files are reviewed, technology security is reviewed, and facility walk-throughs are completed. Data Submission/Monitoring and Clinical

Monitoring results are included in the overall Administrative Review score and results.

NCWBH holds additional contracts and subcontracts to maintain operations and make necessary treatment modalities and services available. Contracts and activities are monitored depending on delegated duties and subcontract requirements. These include:

- Out of network substance use disorder residential treatment providers are monitored by their "home BHO" using a state-wide review tool to ensure all residential facilities for SUD treatment meet state-wide standards. Results are available amongst BHOs for review. NCWBH contracts with ten (10) out of network providers for residential services.
- Authorizations for outpatient mental health and outpatient and residential substance use disorder services are completed by a subcontracted agency. Utilization management plans and authorization instructions and any subsequent revisions or updates are provided to the subcontractor for guidance in authorization decisions. NCWBH monitors daily reports of authorizations and denials and assists providers and the subcontractor in ensuring adequate information is available to make authorization determinations.
- NCWBH holds a regional contract for 24-hour Crisis Line Services. Two crisis line phone numbers are available depending on the individual's county of residence. Daily call summary reports are sent to the crisis service providers with respect to the caller's county of origin. Providers are expected to review these reports to identify further needs of the callers. Reports of total call volume and outcomes will be monitored by NCWBH at least monthly to ensure appropriate call volume within contract and verify adherence to call procedures.

d. Grievance Reporting and Monitoring

NCWBH and providers develop Grievance policies in adherence with applicable standards. Providers are monitored for development of policy, training of staff, provision of information to clients, reporting of Grievances and Resolutions, and completion of acknowledgments and notifications within established timelines. Provider Grievance and Resolution reports are monitored quarterly with additional reviews conducted when necessary. Grievance and Resolution reports from Ombuds Services are requested quarterly. NCWBH provides Grievance, Resolution, and Appeal reports to DBHR quarterly. These reports include total Grievances, Resolutions, and Appeals received/processed by all providers, Ombuds, and NCWBH.

e. Incident Reporting and Review

All critical incidents meeting criteria established by contract are reported to DBHR within required timelines. Providers are required by contract and policy

to notify NCWBH of incidents within these timelines and conduct or participate in incident reviews. Incident reviews may require a review of clinical charts and/or provider policy and procedure. Recommendations for improvement may be made and any notable trends in incident type or frequency may be used in Quality Improvement initiatives.

f. Contract Deliverables

NCWBH maintains compliance with required contract deliverables. Duties to complete submission of these are assigned to appropriate NCWBH staff and reviewed during NCWBH Quality Meeting. Contracted providers are monitored for compliance with contract deliverables with respect for accuracy, completeness, and timeliness of submission. Requests for submission may be made during appropriate provider attended meetings (ISQT, Management, and/or Clinical Team).

g. Utilization Management

NCWBH ensures all services are provided at an appropriate scope, duration, and frequency with respect to clinical assessment and client choice and agreement. Utilization Management Plans are written for mental health services and substance use disorder services. Contracted providers and subcontracted authorization agencies are regularly monitored for adherence to these established guidelines of medical necessity, Access to Care Standards, and service provision appropriate to the assessed Level of Care for mental health services (by LOCUS/CALOCUS) or ASAM Placement for substance use disorder services. Periodic updates to State or NCWBH guidelines are provided to providers and the subcontracted agency with follow-up reviews held to ensure implementation of changes. Reviews are conducted as part of Clinical Monitoring, Administrative Review (Contract Monitoring), and/or targeted monitoring as needed.

h. Fiscal Monitoring

NCWBH completes a Cost Allocation Plan to set methods and processes for allocating funding to contracted providers and subcontractors. Allocations are made with consideration for eligible individuals, service area, provided services, and other contract stipulations. NCWBH submits quarterly Revenue and Expense Reports and is subjected to an annual Financial Audit. All invoices submitted must also include supporting documentation to be reviewed by the payee. Contracted providers are monitored for compliance with fiscal guidelines as applicable to the funding source. Monitoring is completed through submission of quarterly Revenue and Expense Reports, annual Financial Audit, and monthly invoice and supporting documentation review.

i. Compliance Monitoring

NCWBH maintains a Compliance Program with adherence to applicable federal and state standards. Elements of this program are outlined in the Compliance Plan, including completion of a Risk Assessment, designation of

a Compliance Officer, and regular meetings of a Compliance Committee. Monitoring activities are outlined in the Compliance Work Plan. The Compliance Plan and Quality Management Plan may include elements of overlap and are used to inform and develop the necessary activities where these overlaps occur.

4. SUPPORTING DOCUMENTS

Additional documents referenced in this plan that support and detail quality assurance and improvement activities include:

- Quality Management Work Plan
- MIS Quality Control and Assurance Plan
- Utilization Management Plan – Mental Health Services
- Utilization Management Plan – Substance Use Disorder Services
- Cost Allocation Plan
- Compliance Plan
- Compliance Work Plan

Special Terms & Conditions

1. **Definitions Specific to Special Terms.** The words and phrases listed below, as used in this Contract, shall each have the following definitions:

   a. "Division of Behavioral Health and Recovery" or "DBHR" means the DSHS-designated state mental health authority to administer the state and Medicaid funded mental health programs authorized by Chapters 71.05, 71.24, and 71.34 RCW.

   b. "Family" means a family member who can demonstrate lived experience as a parent or primary caregiver who has raised a child and navigated multiple child serving systems on behalf of their child or children with social, emotional, and/or behavioral healthcare needs.

   c. "FYSPRT" means Family Youth and System Partner Round Tables.

   d. "Family/Youth Run Organizations" means an organization in which the board is made up of at least 51% family/youth members with lived experience, that are dedicated to supporting youth with mental, emotional, behavioral, or substance abuse needs and their families.

   e. "Full partners" means persons or entities who play an active role in the development and implementation of activities under the "T.R. v. Quigley and Teeter" (formerly Dreyfus and Porter) Settlement Agreement. Full partners have the same access to data and equal rights in the decision-making processes as other members of the Governance Structure.

   f. "Governance Structure" means the inter-agency members on an Executive Team of state administrators, the Statewide, Regional, and Local FYSPRTs, an advisory team, and various policy workgroups who collaborate to inform and provide oversight for high-level policy-making, program planning, and decision-making in the design, development, and oversight of behavioral health care services and for the implementation of the T.R. v. Quigley and Teeter Settlement Agreement.

   g. "Local Family Youth System Partner Round Table" or "Local FYSPRT" means one or more stakeholder groups that draw from the communities and neighborhoods covered by each Regional FYSPRT in order to locally engage families and youth, civic partners, tribal governments, tribal organizations, and others who are interested in and committed to the success of youth and families to inform and support the activities of the Regional FYSPRT.

   h. "Regional Family Youth System Partner Round Table" or "Regional FYSPRT" means an essential part of the Governance Structure that meaningfully engages families and youth, system partners, governmental partners, tribal governments, tribal organizations and others who are interested in and committed to the success of youth and families in an equitable forum to identify local needs, review local/regional data, problem-solve and address issues at the local and regional levels to improve outcomes, and bring unresolved needs forward to the Statewide FYSPRT with recommendations about how to meet those needs. Regional FYSPRTs are grounded in the Washington State Children's Behavioral Health Principles. One of their primary responsibilities is to meaningfully engage youth and families in the implementation of the T.R. Settlement Agreement.

   i. "Tri-Lead" means a role developed to create equal partnership, among a family, a transition age youth and/or youth partner, and a system partner representative who share leadership in organizing and facilitating Regional FYSPRT meetings and action items.

   j. "T.R. v Quigley and Teeter (formerly Dreyfus and Porter) Settlement Agreement" means the legal document stating objectives to develop and successfully implement a five-year plan that delivers Wraparound with Intensive Services (WISe) and supports statewide, consistent with Washington State Children's Behavioral Health Principles.

k. "Transition Age Youth" means individuals between the ages of 15 and 25 years of age with lived experience in receiving services within child serving systems.

l. "Washington State Children's Behavioral Health Principles" means a set of standards, grounded in the system of care values and principles, which guide how the children's behavioral health system delivers services to youth and families. The Washington State Children's Behavioral Health Principles are:

(1) Family and Youth Voice and Choice

(2) Team Based

(3) Natural Supports

(4) Collaboration

(5) Home and Community-based

(6) Culturally Relevant

(7) Individualized

(8) Strengths Based

(9) Outcome-based

(10) Unconditional

m. "Wraparound with Intensive Services" or "WISe" means a program model that provides intensive mental health services and supports, in home and community settings, for Medicaid eligible individuals, up to 21 years of age, with complex behavioral health needs and their families, in compliance with the T.R. v Quigley and Teeter (formerly Dreyfus and Porter) Settlement Agreement.

n. "Youth Partners" means young adults over the age of 18 with lived experience as a youth in the behavioral health system, and who are providing peer support and/or coordinating services with youth.

2. **Purpose.** The purpose of this contract is for the contractor to continue to develop, promote and support Regional and Local FYSPRTs to fulfill their functions within the Governance Structure, in alignment with Washington State's Children's Behavioral Health Principles and the FYSPRT Manual.

3. **Performance Work Statement.** In alignment with Washington State Children's Behavioral Health Principles and consistent with the FYSPRT Manual, the Contractor shall continue to develop, promote and support a Regional FYSPRT by providing administrative and staff support for the performance of work as set forth below in Subsections a. – k.

Promotion and support of the Regional FYSPRT includes, but is not limited to, the following activities: community outreach and engagement efforts to publicize the work of the FYSPRTs and recruit members, fiscal management, arranging meeting space, and other administrative supports necessary for the operation of the Regional FYSPRT.

The Contractor shall:

a. Include youth, family, and system partner representation in all aspects of the development, promotion, and support of the Regional FYSPRT.

b. Engage tribal government(s) and tribal organization(s) to promote, participate in, and aid in the continued development of the Regional FYSPRT.

c. Expand recruitment and engagement of families and youth with diverse perspectives and document efforts to implement the Contractor's Regional FYSPRT Outreach Strategy, which will be modified over time.

d. Engage with youth, families, and system partners to build and maintain a FYSPRT membership that includes:

   (1) At least 51% Youth and Family membership

   (2) BHO Representation, including key administrators connected to the WISe implementation

   (3) Representatives from Family and Youth Run Organizations and other relevant stakeholder groups within the region

   (4) Community System Partners, such as:

      (a) Suggested Participants listed in the FYSPRT Manual

      (b) Behavioral Health Provider(s) (i.e. Mental Health and Substance Use Disorder Treatment Providers)

      (c) Children's Administration

      (d) Developmental Disabilities Administration

      (e) Education/Local Education Agency, Educational Service Districts

      (f) Faith Community Leaders

      (g) Foster Care Provider(s)

      (h) Juvenile Justice

      (i) Law enforcement

      (j) Local/Regional Advocacy Groups

      (k) Physical health care/public health

      (l) Other interested community stakeholders

e. Ensure that all members of the Regional FYSPRT are engaged as full partners within the work of the Regional FYSPRT and are included in all aspects of the development, implementation, and evaluation of the Regional FYSPRT.

f. Follow the current version of the FYSPRT Manual located at the following link: https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/FYSPRT%20Manual_FINAL_10%2030%2015.pdf

g. Convene regular Regional FYSPRT meetings, a minimum of once per month. Meeting materials must be made publicly available prior to the meeting. Meetings must:

   (1) Follow the Regional FYSPRT Meeting protocol, set forth in the FYSPRT Manual;

Amend Section 13. SERVICES, Subsection 13.2.11. Children's Long-Term Inpatient Programs (CLIP) as follows:

13.2.11. Children's Long-Term Inpatient Programs (CLIP). The Children's Long Term Inpatient Program Administration (CLIP Administration) is the state's designated authority for clinical decision-making regarding admission to and discharge from publically funded beds in the statewide CLIP program. CLIP is the most intensive inpatient psychiatric treatment available to all Washington State residents, ages 5-18 years of age. CLIP is a medically based treatment approach providing 24 hour psychiatric treatment in a highly structured setting designed to assess, treat, and stabilize youth diagnosed with psychiatric and behavioral disorders. CLIP is a treatment opportunity for parents to learn new skills and strategies to effectively understand and manage their child and youth's illness. In coordination with BHOs and HCA managed care entities (MCEs), the CLIP Administration ensures that the CLIP Programs admit only those youth who meet Medicaid criteria for medical necessity, and that discharges occur with thoughtful planning and due consideration of the needs of the youth and family.

The Contractor must integrate all regional assessment and CLIP referral activities, including the following:

13.2.11.1. Create and maintain a BHO Regional CLIP Committee or similar committee that acts as the referral mechanism for residents seeking voluntary CLIP treatment. The regional CLIP Committee must include any involved or relevant cross-system representatives from Children's Administration (CA), Rehabilitation Administration-Juvenile Rehabilitation (JA-RA), Developmental Disabilities Administration (DDA) and other cross-system professionals as well as community stakeholders and meet within thirty (30) days of any completed CLIP referrals to review the application prior to forwarding a completed CLIP application to the CLIP Administration. The CLIP Committee/or similar will determine whether appropriate less restrictive services are available for voluntary youth and when requested offer a plan of less restrictive alternatives to CLIP for those youth that are hospitalized involuntarily when appropriate; collaborate when requested on any Rehabilitation Administration-Juvenile Rehabilitation ("RA-JR") transfers of youth on 10.77; Parent Initiated Treatment (PIT) voluntary applicants; and integrate resource management of all children and youth admitted to CLIP. For all Voluntary CLIP applicants, the regional CLIP Committee will make a determination of whether CLIP treatment is recommended based upon medical necessity criteria and whether CLIP treatment is the most appropriate level of treatment to address the needs of the client. CLIP is not intended to be utilized as a placement resource;

13.2.11.1.1. The Contractor will designate a single person to act as the BHO CLIP Liaison or other designee who will be the designated individual to provide guidance and support in preparing CLIP applications, participate on a regular basis in client care coordination duties, including but not limited to, preadmission meetings, facility admissions, treatment team meetings participation, and discharge planning in coordination with the CLIP Administration and the CLIP facilities.

13.2.11.1.2. The Contractor will ensure all BHO CLIP referral processes and services within the Contractor's purview for youth and their families are delivered in a manner consistent with the Washington State Children's Behavioral Health Principles

outlined in the link below:
https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mentai%20Health/WA%20State%20Children's%20BH%20Principles.pdf;

13.2.11.1.3. The BHO or designee will provide guidance and assistance when appropriate to the client and client's legal guardian in completing the necessary paperwork to process a voluntary CLIP application in a timely manner. For "partially" completed CLIP applications that are not able to be processed to completion within forty five (45) days, the Contractor or CLIP Liaison will notify the CLIP Coordinator to identify whether the application is still "active," and if so, develop a plan to address the barriers to completing the application and an outline the expected time line for submission to the CLIP Administration;

13.2.11.1.4. Once a completed CLIP application is received, the BHO or CLIP Liaison will notify the family within three (3) working days. The regional CLIP Committee will convene in the next thirty (30) days or less to review the application and make a final determination whether CLIP is recommended;

13.2.11.1.5. The Contractor or CLIP Liaison will ensure completion of the CLIP Application Form includes the following: a) signed Youth Agreement to CLIP Treatment signature page to ensure the youth is in agreement with a CLIP admission; b) identifying information; c) contact information for the youth/family team and case manager responsible for coordination if/when the youth is admitted to a CLIP Program; d) challenges and/or behavioral issues the youth is experiencing leading to the request of CLIP treatment; e) youth and family's needs to be addressed in treatment; f) strengths and interests of the youth and family ,and g) a detailed continuity of care plan and post-discharge plan that outlines community-based behavioral health care services and involvement of other agencies and support services that may be needed post-discharge;

13.2.11.1.6. If the client submitting a voluntary CLIP application is missing a psychiatric evaluation, the BHO will demonstrate reasonable efforts to ensure the client is provided a timely appointment with a Washington licensed child psychiatrist or a psychiatric advanced registered nurse practitioner (ARNP). Private Insurance clients are expected to receive their psychiatric evaluation from their enrolled provider network;

13.2.11.1.7. The BHO must provide the legal guardian and youth aged thirteen (13) years and over with a written copy of the CLIP Administration Appeal Process at the time the BHO makes a determination to "not recommend" a voluntary application for CLIP services. If CLIP is not recommended by the regional CLIP Committee, a written response will be provided to the legal guardian and youth specifying the reasons for not recommending CLIP and an outline of recommendations for alternative services that will meet the needs of the child or youth;

13.2.11.1.8. If the regional CLIP Committee recommends CLIP treatment, a written response will be provided to the legal guardian and youth at the time of the determination to recommend CLIP treatment outlining suggestions about stabilizing the child while the CLIP application is processed by the CLIP Administration. The Contractor's primary CLIP Liaison and/or Designated BHA will demonstrate all medically necessary services continue for the child and family to ensure intensive

community services and plan of care continue while the youth awaits admission to a CLIP facility;

13.2.11.1.9. The BHO must provide a client and guardian a final determination of recommending CLIP or not recommending CLIP treatment within forty five (45) days of receiving a completed CLIP application. If an application is in a pending status beyond the forty five (45) day timeline, the Contractor will notify the CLIP Coordinator and request an exception that identifies a plan to address the barriers to processing the application and outline the expected time line for submission to the CLIP Administration;

13.2.11.1.10. When an Individual under age eighteen (18) years is committed on an Involuntary Treatment Act (ITA) court order for 180 calendar days under RCW 71.34, the Contractor or CLIP Liaison must be available to consult and assess regarding the child's needs prior to the admission to the CUP facility, including consideration of less restrictive treatment options whenever possible that may meet the needs of the youth. The Contractor must provide a designee to collaborate with the CLIP Administration for children subject to court-ordered involuntary treatment and provide care coordination and assistance in the development of a less restrictive community plan when appropriate. A BHO representative will share the community and/or Family recommendations for purposes of CUP program assignment of committed youth;

13.2.11.1.11. Collaborate and consult when requested regarding the behavioral health needs of juveniles being transferred for evaluation purposes by the Rehabilitation Administration-Juvenile Rehabilitation (RA-JR), or under RCW 10.77 to Child Study and Treatment Center. The Contractor or designee will remain available to collaborate and consult when these same youth are returning to the community.

13.2.11.2. CLIP Inpatient Care Coordination. The Contractor will ensure that a CANS screen is completed within the last ninety (90) days prior to the actual admission date to a CLIP facility and provide a CANS Full within 30 days post-discharge from a CUP facility for all Medicaid enrollees.

13.2.11.2.1. The Contractor will prioritize access to WISe services whenever possible *for all youth qualified to receive WISe services* that are discharging from CLIP. WISe services will begin at minimum 3 days post-discharge or preferably prior to discharge when possible to improve discharge planning and continuity of care. If access to WISe is not yet available in the community the youth is discharging to; the Contractor will ensure WISe-like services have begun to serve youth *qualified to receive WISe services* within three (3) days or preferably prior to discharging from CUP. This is intended to ensure children and youth with the highest level behavioral health needs are able to access WISe services upon discharge from CLIP, reduce lengths of stay in CLIP, and decrease the risk for CLIP readmissions.

13.2.11.2.2. Following a CLIP Admission, the Contractor must provide Rehabilitation Case Management throughout the entirety of the CLIP treatment from preadmission through discharge, which includes a range of activities conducted in or with a facility for the direct benefrt of the admitted youth to improve treatment gains and plan for successful discharges from CUP. Activities include assessmentfor discharge or admission to community mental health care, integrated mental

health treatment planning, resource identification, linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized rt; et; tal health coordination activates are intended to promote discharge, to maximize benefits of the treatment, and to minimize the risk of readmission and to increase community tenure for the individual. The Contractor's designated CLIP Liaison is the primary case contact for CLIP programs responsible for managing individual cases from pre-admission through discharge. The Contractor's liaison or designated BHA must participate in treatment and discharge planning on a regular basis with the CUP treatment team.

13.2.11.2.3. The CLIP facility will, provide at least one week notice of all meetings including Treatment Plan Reviews (TPRs) and Discharge Planning Meetings. The Contractor's CLIP Liaison or designee will collaborate with the Cl..IP program regarding scheduled meetings and attend and participate in meetings on a consistent basis. The Contractor will notify the CLIP facility if they cannot attend the meeting or become aware that the family cannot attend the sct;leduled meeting. The Contractor will demonstrate consistent involvement and participation in care coordination activities including participating in scheduled meetings. If the level of participation by the BHO or designee appears insufficient to the CLIP Administration, requests for additional r sources may be made to the BHO's management by DBHR to ensure proper car coordination services. If the level of participation continues to be an issue, a corrective action plan may be recommended by BBHR.

13.2.11.2.4. The Contractor or CLIP Liaison must coordinate with the CLIP Administration to ensure protocols of all CLIP admissions; waitlist and length of stay management, coordination of care, recertification, and discharge procedures are followed as outlined in the CLIP Policies and Procedures Manual, January 2016, or its successors.

13.2.11.2.5. If a recertification of the need for continued stay by the CLIP Administration is required, the Contractor CLIP Liaison will participate by providing input in a recommendation justifying the need for continued CLIP treatment. If there is a not consensus about the need for recertification, the Contractor or designated BHA will provide documentation to the CLIP Facility and the CLIP Administration outlining the plan of care and services available to support discharge back to the community. The proposed community plan will be considered in the fir;tal decision by the CLIP Administration to determine the need for recertification.

13.2.11.2.6. The Contractor or CUP Liaison will make a decision whether authorization is needed for short-term/acute hospitalization or transfer to short-term/acute hospitalization, when it is determined by the CLIP program t at this is needed.

13.2.11..2.7. In the case of a CLIP admission directly from a Washington Tribal Authority, the Contractor or CLIP Liaison must work with the Federally Recognized Tribe during discharge planning as necessary to provide appropriate services to the individual.

13.2.11.2.8. The Contractor or CLIP Liaison must ensure that contact with the CLIP Program staff occurs within three (3) business days of a CLIP admissio .

13.2.11.2.9. The Contractor's CLIP Liaison or its designee must provide the CLIP

Administration any relevant information regarding the individual's treatment history that can assist in guiding CLIP program assignment, CLIP treatment, and/or Discharge planning.

132.11.2.10. The Contractor's CLIP Liaison or designated BHA must participate throughout the course of CLIP treatment, from pre-admission to discharge for all individuals regardless of diagnosis.