

Document Type:¹

- Policy & Procedure Process Guideline
 Plan System Description

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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To establish requirements for: (1) Planning the adequate availability of behavioral health care to GCBH BH-ASO enrolled individuals, and (2) Planning, defining, and monitoring of the delegated activities by which this care is provided or supported.

DEFINITIONS

- I. Mental Health Professional: An individual satisfying the criteria defined for this designation via the PIHP contract.
- II. Certified Substance Use Disorder Professional (SUDP): An individual who meets the criteria established by RCW 18.205. This policy applies to SUDPs who are employed by a licensed/certified Network Provider or at the GCBH BH-ASO Central Office.
- III. Behavioral Health Services: Mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.
- IV. Network Provider: An agency holding a contract for the delivery of services defined as “Benefits” or “Services” under the PIHP and State Behavioral Health contracts between Greater Columbia Behavioral Health (GCBH BH-ASO) and the State of Washington, and funded wholly or in part by the same.
- V. Cultural Competence: The ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.
- VI. Delegation Plan: A document or an identified set of documents that show the Contractor’s compliance with the Subcontracts Section of this Agreement. GCBH BH-ASO uses its provider contracts as its delegation plan.

¹See definitions of document types in AD100, “Development, Approval & Review of Formal GCBH BH-ASO Documents”

²“Network Provider” – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

POLICY

- A. The GCBH BH-ASO Executive Committee is responsible for ensuring its network of provider agencies satisfies the requirements of 42 CFR §438.206(b)(1) and §438.206(c)(1).
- B. GCBH BH-ASO delegates the provision of all direct behavioral health services to licensed contracted Network Providers, who are responsible for assuring that Crisis services are available 24 hours per day, 7 days per week, and that the scope of covered outpatient services provided is sufficient to address the clinical needs of the majority of individuals within their service area. In the provision of this care, all Network Providers are subject to the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Parts 35 and 39.
- C. The GCBH BH-ASO Executive Committee is responsible for assuring that monitoring of Network Providers relative to delegated activities occurs regularly, and that when such monitoring indicates a need for corrective action, the Network Provider implements it in a timely manner.
- D. Network Providers may hold direct contracts with GCBH BH-ASO, or be subcontractors of entities holding such contracts. Entities issuing subcontracts for direct services must assure their subcontractors meet the same requirements as are established for Network Providers with which GCBH BH-ASO contracts directly. GCBH BH-ASO retains the right to require the revocation of subcontracts that do not satisfy this requirement.
- E. As required by 42 CFR §438.230, prior to designating an agency as a new Network Provider and delegating to it the responsibility for the provision of direct behavioral health services to individuals, GCBH BH-ASO assures that the agency's ability to perform the activities to be delegated is evaluated, that the agency is capable of performing the delegated activities, and that the contract with that agency both specifies its responsibilities and provides for sanctions and/or revocation of delegation should performance prove inadequate.
- F. The GCBH BH-ASO Executive Committee determines the extent to which functions that cannot be delegated to its Network Providers—e.g., specific functions relating to the Ombuds and Quality Review Team, are addressed via contracts with entities holding the necessary expertise rather than being carried out by staff in the GCBH BH-ASO Central Office. When such activities occur under contract, the GCBH BH-ASO Executive Committee (1) evaluates the potential contractor's capacity to successfully carry out the delegated function, (2) establishes a function-specific delegation plan which includes detailed descriptions of the services to be performed, the compensation arrangement, and the monitoring plan, and (3) provides for sanction or contract revocation, as need be, based on performance.

PROCEDURE

Availability of Services – 42 CFR §438.206

1. When considering changes to its provider network, and the implications of Federal regulations for the locations of its Network Providers, GCBH BH-ASO designates its counties as Urban, Rural, or Large Rural based on the definitions of those terms provided in its PIHP contract, and the most recent population density statistics provided by the State of Washington Office of Financial Management on its website.
2. The planning process considers the prevalence of Medicaid enrollees within each county, based on statistics provided by the Washington State Health Care Authority (HCA), and the Medicaid penetration rates, calculated as “the number of Medicaid-eligible individuals served” divided by “the number of Medicaid-eligible individuals” for a given county, within a given period of time.
3. Contracts with Network Providers include provisions reflecting the access, linguistic and cultural consideration requirements of 42 CFR §438.206(c)(1) & (2). GCBH BH-ASO uses ongoing performance measurement and onsite monitoring, per contract requirements, to determine compliance with these requirements, and requires corrective action when problematic performance is identified.
4. GCBH BH-ASO reviews various descriptive statistics—e.g., Medicaid enrollment and penetration, distributions of its Medicaid Individuals relative to ethnicity and languages spoken, encounter volumes (including evaluation and treatment services), frequency of involuntary admissions (including a determination of the distribution in terms of the entire population of each county), numbers and types of Mental Health Professionals and Certified Substance Abuse Disorder Professionals—as a means of assessing the adequacy of its network of provider agencies.
 - 4.1. GCBH BH-ASO will also use this review process to develop (as indicated) a plan which may include the development of less restrictive alternatives to involuntary treatment, or prevention programs reasonably calculated to reduce demand for evaluation and treatment.

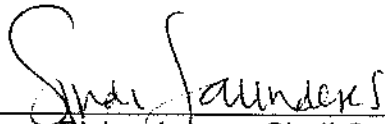
Delegation of Direct Service Delivery to Network Providers – 42 CFR §438.230

5. Prior to the initiation of a contract with a new provider agency, that agency’s capacity for meeting contractual standards relative to the areas identified below is assessed. Subsequent to the contracting process, each Network Provider’s compliance in these areas is reviewed, per contract requirements:
 - 5.1. Individual advocacy and information-provision processes,
 - 5.2. Individual access to care,
 - 5.3. Clinical care and care coordination processes,
 - 5.4. Financial processes,
 - 5.5. Information systems management and information generation processes,
 - 5.6. Credentialing processes, and
 - 5.7. Participation in the GCBH BH-ASO Quality Management Program.
6. The GCBH BH-ASO Executive Committee, and/or the appropriate Executive Committee Subcommittee, reviews Provider-specific and/or region-wide reports generated

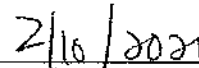
subsequent to onsite monitoring of Network Provider performance in the above-named areas. In the event that a review indicates a need for corrective action, the Executive Committee holds ultimate responsibility for ensuring its completion and/or determining necessary sanctions.

7. Entities issuing subcontracts for direct service delivery are responsible for day-to-day activities associated with assuring that subcontracted agencies are aware of, understand, and adhere to contractual standards relating to the above-named areas.
 - 7.1. Information generated during evaluative activities conducted by GCBH BH-ASO staff, and pertaining to a Network Provider to whom delegation has occurred as the result of a subcontract with an entity holding a direct contract with GCBH BH-ASO, is provided to the contracting entity, as is information relevant to the Network Provider's response when a need for corrective action has been identified. In such situations, GCBH BH-ASO and the entity issuing the subcontract are jointly responsible for assuring that a Network Provider implements corrective action.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date