

 <p>Washington State Department of Social & Health Services</p> <p>Transforming lives</p>	BHO PROGRAM AGREEMENT Substance Abuse Block Grant (SABG)	DSHS Agreement Number: 1669-58051	
This BHO Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued in conjunction with the DSHS and BHO Agreement on General Terms and Conditions (GT&C), which is incorporated by reference.		BHO GT&C Contract Number: 1684-56867 Contractor Contract Number:	
CONTRACTOR NAME North Sound Regional Support Network		CONTRACTOR doing business as (DBA) North Sound Behavioral Health Organization	
CONTRACTOR ADDRESS 301 Valley Mall Way Ste 110 Mount Vernon, WA 98273-5462		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601-291-840	DSHS INDEX NUMBER 1553
CONTRACTOR CONTACT Joe Valentine	CONTRACTOR TELEPHONE (360) 416-7013	CONTRACTOR E-MAIL ADDRESS joe_valentine@nsmha.org	
DSHS ADMINISTRATION Behavioral Health Administration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1652LS-69	
DSHS CONTACT NAME AND TITLE Ruth Leonard Regional Treatment Manager		DSHS CONTACT ADDRESS 4500 10th Avenue SE Lacey, WA 98503	
DSHS CONTACT TELEPHONE (360) 725-3742	DSHS CONTACT FAX (360) 586-9551	DSHS CONTACT E-MAIL ADDRESS leonamr@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBER(S) 93.959	
AGREEMENT START DATE 04/01/2016	AGREEMENT END DATE 06/30/2017	MAXIMUM AGREEMENT AMOUNT \$5,259,412.00	
EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference: <input checked="" type="checkbox"/> Exhibits (specify): Exhibit A – BHO SABG Project Plan Template; Exhibit B – SABG Independent Peer Review Procedures; Exhibit C – Capacity Management Form; Exhibit D – Detailed Plan Request – BHO Advisory Board Membership			
The terms and conditions of this Agreement are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise regarding the subject matter of this Agreement, between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on DSHS only upon signature by DSHS.			
CONTRACTOR SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED
DSHS SIGNATURE		PRINTED NAME AND TITLE BHA Contracts	DATE SIGNED

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)
Substance Abuse Block Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Regional Support Network, dba North Sound Behavioral Health Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	SM010056
(iv) Federal Award Date (see §200.39 Federal award date);	04/17/2015
(v) Subaward Period of Performance Start and End Date;	April 1, 2016 to June 30, 2017
(vi) Amount of Federal Funds Obligated by this action;	\$5,259,412
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$5,259,412
(viii) Total Amount of the Federal Award;	FY14 \$37,271,989 FY15 \$37,296,186 FY16 \$38,042,110
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Substance Abuse Prevention and Treatment Block Grant
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA, Washington State DSHS, Chris Imhoff, Director PO Box 45330 Olympia, WA 98504-5330 Imhofc@dshs.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.959
(xii) Identification of whether the award is R&D; and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	5%

Special Terms & Conditions

1. **Definitions Specific to Special Terms.** The words and phrases listed below, as used in this Contract, must each have the following definitions:
 - a. "ASAM" means American Society of Addiction Medicine.
 - b. "ASAM Criteria" means a clinical tool to systemically evaluate the severity and diagnosis of an Individual's need for treatment along six (6) dimensions, and then utilize a fixed combination rule to determine which of four (4) levels of care a substance abusing Individual will respond to with the greatest success. ASAM also includes recommended duration of SUD treatment.
 - c. "Assessment" means diagnostic services provided by a CDP or CDPT under CDP supervision to determine an Individual's involvement with alcohol and other drugs. See WAC 388-877 and 388-877B for a detailed description of Assessment requirements.
 - d. "Behavioral Health Advisory Council" or "BHAC" (also referred to as "the Council") includes Individuals, providers, advocates, government representatives, and other private and public entities. The membership represents the State's population with respect to race, ethnicity, disability, and age, urban and rural.
 - e. "Behavioral Health Administration" or "BHA" means the DSHS Administration governing mental health care and Substance Use Disorder (SUD) services, and its employees and authorized agents.
 - f. "Behavioral Health Data Store" means the management information system maintained by DSHS that retains demographic, treatment, Assessment and ancillary service data on each Individual receiving publicly-funded outpatient and residential Substance Use Disorder treatment services in Washington State, as well as data on other general services provided.
 - g. "BHO Advisory Board" according to RCW 71.24.300, Section (4), means the behavioral health advisory board appointed by each BHO, which reviews and provides comments on plans and policies related to service delivery and outcomes. As per WAC 388-865-0222, the BHO must promote active engagement with Individuals with behavioral disorders, their families, and service providers by soliciting and using their input to improve its services, and appoints a BHO Advisory Board to fulfill this purpose.
 - h. "Capacity Management" means a continually updated system to track and manage service availability including, assuring access for all services, maintaining Waiting List information, assuring access for priority populations and monitoring provisions of Interim Services.
 - i. "Case Management" means services provided by a Chemical Dependency Professional (CDP), CDP Trainee, or a person under the clinical supervision of a CDP who will assist individuals in gaining access to needed medical, social, education, and other services. This covers costs associated with case planning, case consultation, and referral services and other support services for the purpose of engaging and retaining individuals in treatment or maintaining individuals in treatment.

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- j. "Chemical Dependency Professional" or "CDP" means an individual licensed through the Washington State Department of Health (DOH). A CDP is the individual with primary responsibility for implementing an individualized plan for Substance Use Disorder treatment services.
- k. "Chemical Dependency Professional Trainee" or "CDPT" means, an individual working toward the education and experience requirements for certification as a chemical dependency professional, and who has been credentialed as a CDPT.
- l. "Cost Reimbursement" means the subcontractor is reimbursed for actual costs up to the maximum consideration allowed in the Program Agreement.
- m. "Cost Sharing Assistance" means paying for behavioral health insurance deductibles, co-insurance, and co-payments to assist eligible SABG funded individual in meeting their cost-sharing responsibilities.
- n. "Cultural Competence" means 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.
- o. "Date of First Contact" means the date an Individual contacts an agency by any means (walk-in, telephone call, referral through a physician, counselor or CDP, etc.) to request a service.
- p. "Dependent Child(ren)" means, in the context of services that fall within the category of PPW Residential Treatment, an Individual age six (6) or younger.
- q. "DSHS Contact" means the individual identified on page one (1) of this Program Agreement as the designated DSHS representative for this Program Agreement, or the successor of that individual.
- r. "Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition or "DSM-5" means the 2013 update to the American Psychiatric Association classification and diagnostic tool that serves as a universal authority for psychiatric diagnosis in the United States.
- s. "Division of Behavioral Health and Recovery" or "DBHR" means the DSHS-designated Single State Agency for Mental Health and Substance Use Disorder treatment, authorized by RCW chapters 71.05, 71.24, 71.34, 70.96a and 70.96b.
- t. "Employment Services" means services or activities provided to assist Individuals in securing employment or acquiring or learning skills that promote opportunities for employment. Component services or activities may include employment screening, Assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including

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literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.

- u. “Federally Recognized Tribes (Tribes)” means an Indian Tribe that is a self-governing American Indian and Alaska Native governments recognized under applicable federal and common law. Because of their unique sovereign status, Federally Recognized Tribes have the inherent power to make and enforce laws on their lands, and to create governmental entities.
- v. “Fee-for-Service” or “Set Rate” means the subcontractor receives a negotiated fixed rate of pay based on performance of a defined unit of service such as per treatment, per hour or per session.
- w. “Fiscal/Program Requirements” means the most current version of the Division of Behavioral Health and Recovery/Substance Use Disorder Supplementary Instructions and Fiscal Policy Standards for Reimbursable Costs as used by DBHR located here:
<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Substance%20Use/FY14%20Fiscal%20Program%20Requirements%20for%20SUD.pdf>.
- x. “For Profit” means of business or institution initiated or operated for the purpose of making a profit.
- y. “Global Appraisal of Individual Needs – Short Screener” or “GAIN-SS” means a tool used for conducting an integrated comprehensive screening of Substance Use Disorder and mental health issues.
- z. “Housing Services” means services or activities designed to assist Individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping Individuals and families to identify and correct substandard housing conditions on behalf of Individuals and families who are unable to protect their own interests; and assisting Individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.
- aa. “Independent Peer Review” means to assess the quality, appropriateness, and efficacy of treatment services provided in the State to Individuals under the program involved.
- bb. “Indigent Individuals” means those receiving a DSHS income assistance grant (e.g., TANF) or WA Apple Health. They are usually identified by a Medicaid identification card. Food stamp recipients are not considered Indigent Individuals unless they also receive one of the above grant or medical assistance programs.
- cc. “Individual” means a person who applies for, is eligible for, or receives BHO-authorized behavioral health services from an agency licensed by the Department as a behavioral health agency. In the case of a minor, the Individual’s parent or, if applicable, the Individual’s custodial parent; For the purposes of accessing the Grievance System, the definition of Individual also includes the following if another person is acting on the Individual’s behalf:

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- (1) The Individual's legal guardian; or
 - (2) The Individual's representative if the Individual gives written permission.
 - (3) For purposes of the Behavioral Health Advisory Board, Individual means a person or parent/legal guardian of a person with lived experience and/or who self identifies as a person in Recovery.
- dd. "Individual Using Intravenous Drugs" (IUID) means an Individual who has used a needle one or more times to illicitly inject drugs.
- ee. "Interim Services" means services provided to Pregnant and Postpartum Women and Women with Dependent Children and Individual Using Intravenous Drugs until an Individual is admitted to a substance abuse treatment program. The purpose of the services is to reduce the adverse health effects of such abuse, promote the health of the Individual, and reduce the risk of transmission of disease. For pregnant women, Interim Services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.
- ff. "Low-Income Individual" means an Individual whose gross household monthly income is at or below 220% of the Federal Poverty Guidelines.
- gg. "Medicaid" means the Centers for Medicare and Medicaid Services (CMS) Federal Department of Health and Human Services (DHHS) program, which is State operated and provides medical benefits for certain indigent or Low-Income Individuals in need of health and medical care. The program is authorized by Title XIX of the Social Security Act and may only be used to cover costs for specified services for people who meet specific eligibility criteria, and program eligibility requirements.
- hh. "Opiate Substitution Treatment Services" ("OST") means provision of treatment services and medication management (methadone, etc.) to individuals addicted to opiates.
- ii. "Performance Based" means the subcontractor is compensated on attainment of specific outcomes (e.g., placement of an Individual into treatment within 14 days).
- jj. "Pregnant and Postpartum Women and Women with Dependent Children" or "PPW" means:
- (1) Women who are pregnant.
 - (2) Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children.
 - (3) Women who are parenting children including those attempting to gain custody of children supervised by the Department of Social and Health Services, Division of Children and Family Services (DCFS).
- kk. "Reasonable Costs" means amounts that do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the

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decision was made to incur the cost. A prudent person normally considers the following:

- (1) Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the performance of the Agreement.
 - (2) The restraints or requirements imposed by such factors as: sound business practices; arm's length bargaining; Federal, State and other laws and regulations; and, terms and conditions of the Federal award.
 - (3) Market prices for comparable goods or services.
 - (4) Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the entity, the public at large, and the provider of the funds.
- ll. "Recognized American Indian Organizations" or "RAIO" means organizations, as recognized in accordance to Indian Policy Advisory Committee (IPAC) by-laws, including the American Indian Community Center (AICC), N.A.T.I.V.E. Project, Seattle Indian Health Board (SIHB), Small Tribes of Western Washington (STOWW), United Indians of All Tribes Foundation (UIATF), Chief Seattle Club, and South Puget Intertribal Planning Agency (SPIPA), a Tribal consortium. These organizations exercise their rights as American Indians, citizens of the United States and residents of the State of Washington.
- mm. "Recovery" means the processes by which people are able to live, work, learn, and participate fully in their communities.
- nn. "Recovery Support Services" means a broad range of non-clinical services that assist Individuals and families to initiate, stabilize, and maintain long-term Recovery from Substance Use Disorders.
- oo. "Substance Abuse Block Grant" or "SABG" means those funds granted by the Secretary of the DHHS, through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), to plan, carry out, and evaluate the provisions of the Washington State Block Grant State Plan.
- pp. "Substance Use Disorder" or "SUD" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an Individual continues using the substance despite significant substance-related problems. The diagnosis of a Substance Use Disorder is based on a pathological pattern of behaviors related to the use of the substances a categorized in the DSM-5.
- qq. "Unique Individual Identifier" means a set of number, letters, or symbols that correlate to a specific Individual while maintaining the Individuals anonymity.
- rr. "Waiting List" means a list of Individuals, who meet the priority population definition, who are in need of treatment but not able to receive such treatment due to lack of capacity.

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- ss. "Withdrawal Management" means a set of interventions aimed at managing intoxication and withdrawal provided in a non-hospital setting.
- tt. "Young Adult" means an Individual from age eighteen (18) through age twenty (20).
- uu. "Youth" means an Individual from age ten (10) through age seventeen (17).

- 2. Applicable Law.** This Contract contains links to both DSHS and Federal websites to provide references, information and forms the BHO's will use. Links may break or become inactive if a website is reorganized; DSHS is not responsible for links that do not respond as expected.

Legal resources identified below are incorporated by reference and include, but are not limited to, the following:

- a. 21 CFR Food and Drugs
Chapter 1, Subchapter C, Drugs: General
- b. 42 CFR Subpart A
Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records
Part 8 Certification of Opioid Treatment Programs
- c. 45 CFR Public Welfare, Part 96 Block Grants, Subpart L Substance Abuse Prevention and Treatment Block Grant
Protection from inappropriate patient records, §96.132 (e):
(1) Block Grant Financial Management, Audits, 45 CFR 96.31
- d. 2 CFR Part 200 Subpart F Audit Requirements
- e. Tuberculosis (TB)
Follow the Centers for Disease Control TB Guidelines:
<http://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm>.
Follow the Tuberculosis Infection Control Program Model Policies for Substance Use Disorder Treatment Agencies in Washington State:
<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis>
- f. Washington Administrative Code (WAC), Department of Social and Health Services Substance Use Disorder Certification Requirements 388-877 & 388-877B, WorkFirst 388-310
- g. Washington Administrative Code (WAC), Department of Early Learning 170.295, 170.296A
- h. Revised Code of Washington (RCW)

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- (1) Counselors 18.19
- (2) CDP's 18.205
- (3) Regulation of Health Professions 18.130
- (4) Abuse of Children 26.44
- (5) Public Officers and Agencies 42
- (6) State Government (Executive) 43
- (7) Rules of the Road 46.61
- (8) Uniform Controlled Substances Act 69.50
- (9) Treatment for alcoholism, intoxication, and drug addiction 70.96A
- (10) Involuntary Commitment 70.96A.140
- (11) Developmental Disabilities 71.A
- (12) Abuse of Vulnerable Adults 74.34

3. **Purpose.** The purpose of this Agreement is for the BHO to provide services to promote treatment, intervention, and Recovery for adults and Youth with Substance Use Disorder, in accordance with Federal and State SABG requirements.
4. **Service Availability.** The BHO must budget funds awarded under this Contract that are allocated for Assessment, treatment and Recovery Support Services in such a manner as to ensure availability of such services throughout the life of this Agreement using ASAM Criteria.
5. **Transition of Services to a Behavioral Health Organization (BHO) Implementation.**
 - a. The BHO is responsible for payment for all services for Individuals in a course of treatment and/or Recovery Support Services that was started under a fee for service arrangement with any DSHS contracted provider for SUD services that are now covered by this contract. Beginning on April 1, 2016 the BHO must:
 - (1) Develop a safe, medically appropriate transition plan, considering the health and safety of the transitioning Individual.
 - (2) Authorize and become responsible for Involuntary Treatment services to continue in accordance with RCW 70.96A.140 using ASAM Criteria to determine length of stay.
 - (3) Ensure that all services are delivered under a subcontract that meets all contractual requirements of this Contract including but not limited to subcontractor, HIPAA, Confidentiality, and Data Security Requirements.
 - b. BHO will be responsible for the continuation of any services for an Individual in a

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course of treatment initiated in accordance with ASAM Criteria that began prior to April 1, 2016 for up to 60 calendar days after the BHO implementation date until:

- (1) The course of treatment is complete; or
 - (2) The BHO evaluates the Individual and determines, in accordance with ASAM Criteria, that services are no longer medically necessary; or
 - (3) The BHO evaluates the Individual and determines a different course of treatment is medically necessary in accordance with ASAM Criteria.
- c. If a transition of service provider is necessary to complete an Individual course of treatment the BHO and the Substance Use Disorder provider must collaborate to plan and facilitate a safe medically appropriate transition using ASAM Criteria.
 - d. DSHS is responsible for payment prior to BHO implementation on April 1, 2016.
 - e. The BHO is responsible for payment for continued or authorized services delivered beginning April 1, 2016 in accordance with ASAM Criteria.

6. Requirements.

- a. Background Checks (RCW 43.43.832, WAC 388-877 and 388-877B)
 - (1) The BHO must ensure a criminal background check is conducted on all staff members; case managers, outreach staff members, etc.; and volunteers who have unsupervised access to children, adolescents, vulnerable adults, and persons who have developmental disabilities.
 - (2) When providing services to Youth, the BHO must ensure that requirements of WAC 388-06-0170 are met.
- b. Culturally Competent Services the BHO must:
 - (1) Ensure all services and activities provided under this Contract must be designed and delivered in a manner sensitive to the needs of all diverse populations.
 - (2) Take the initiative to strengthen working relationships with other agencies serving these populations.
 - (3) Require all subcontractors to adhere to these requirements.
- c. Continuing Education [45 CFR 96.132(b)]

The BHO will ensure that continuing education is made available for employees of any entity providing treatment services and/or Recovery Support Services.
- d. Confidentiality [45 CFR 96.132(e)]

The BHO must have in effect a system to protect patient records from inappropriate disclosure, and the system must:

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- (1) Comply with all applicable State and Federal laws and regulations, including 45 CFR Part 2.
 - (2) Include provisions for employee education on confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.
- e. Charitable Choice (42 USC 300x-65 and 45 CFR Section 54)
- (1) The BHO must ensure that Charitable Choice Requirements of 45 CFR Part 54 are followed and that Faith-Based Organizations (FBO) are provided opportunities to compete with traditional SUD treatment providers for funding.
 - (2) If a subcontractor is part of a faith-based organization, the subcontractor may:
 - (a) Retain the authority over its internal governance.
 - (b) Retain religious terms in its name.
 - (c) Select board members on a religious basis.
 - (d) Include religious reference in the mission statements and other governing documents.
 - (e) Use space in its facilities.
 - (3) If the BHO subcontracts with FBOs, the BHO must require the FBO to meet the requirements of 45 CFR Part 54 as follows:
 - (a) Individuals must be provided with a choice of providers.
 - (b) The FBO must facilitate a referral to an alternative provider within a reasonable time frame when requested by the Individual.
 - (c) The FBO must report to the BHO all referrals made to alternative providers.
 - (d) The FBO must provide Individuals with a notice of their rights.
 - (e) The FBO provides recipients with a summary of services that includes any inherently religious activities.
 - (f) Funds received from the Federal block grant must be segregated in a manner consistent with Federal regulations.
 - (4) No funds may be expended for religious activities such as:
 - (a) Worship.
 - (b) Religious instruction.
 - (c) Proselytization.
 - (5) In delivering services, including outreach activities, SABG funded FBO cannot

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discriminate against current or prospective program participants based upon:

- (a) Religion.
 - (b) Religious belief.
 - (c) Refusal to hold a religious belief.
 - (d) Refusal to actively participate in a religious practice.
- (6) If the subcontractor is a FBO, the subcontract must:
- (a) Use generally accepted auditing and accounting principles to account for SABG funds similar to other nongovernmental organizations.
 - (b) Segregate Federal funds from non-Federal funds.
 - (c) Subject Federal funds to audits by the government.
 - (d) Apply Charitable Choice requirements when other funds are commingled with SABG.
- f. Independent Peer Review Required ([45 CFR 96.136](#)).
- (1) The BHO must ensure that subcontractors participate in the statewide independent peer review process when requested by DSHS as outlined in Exhibit B – SUD Independent Peer Review Procedures. Treatment programs will be reviewed by CDPs as experts in the field of Substance Use Disorder treatment.
 - (2) As part of the process, reviewers must review a minimum of five percent (5%) of individual records for active Individuals, or five (5) records, whichever is smaller to determine quality and appropriateness of treatment services per ASAM, while adhering to all Federal and State confidentiality requirements, including [45 CFR Part 2](#).
 - (3) The reviewers shall examine the following:
 - (a) Admission criteria/intake process;
 - (b) Assessments;
 - (c) Treatment planning, including appropriate referral, e.g., prenatal care, and tuberculosis screening/referral to services;
 - (d) Documentation of implementation of treatment services;
 - (e) Discharge and continuing care planning; and
 - (f) Indications of treatment outcomes.
- g. Collaboration with other Systems (45 CFR 96.132 (c))

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The BHO must take measures to interconnect and streamline potentially overlapping systems including but not limited to; child protection services, criminal justice, family court, behavioral health, and primary care health plans.

h. Identical Treatment

All facilities receiving Federal Block Grant Funding are required to provide the same services to all Individuals who are financially eligible to receive State or Federal assistance and are in need of services. No distinction must be made between State and Federal funding when providing the following services including, but not limited to:

- (1) Women's services.
- (2) Individuals Using Intravenous Drugs.
- (3) Tuberculosis services.
- (4) Childcare services for parenting women.
- (5) Interim Services.

i. Subcontractor Audit 45 CFR 96.31

- (1) If a BHO subcontractor is subject to 2 CFR, Part 200, Subpart F, the BHO must require a copy of the completed Single Audit and ensure corrective action is taken for any audit finding, per 2 CFR, Part 200, Subpart F requirements.
- (2) If a BHO subcontractor is not subject to 2 CFR, Part 200, Subpart F, the BHO must perform subrecipient monitoring in compliance with Federal audit requirements.

j. Federal Block Grant Plan Progress Report

- (1) Block Grant reports must be submitted annually to the DSHS Contact with the following information within 30 days after the end of the each State fiscal year:
 - (a) How have the needs of the population identified in the needs assessment used for the BHO SABG plan been met?
 - (b) What strategies were used to improve existing programs, create new programs, or actions taken to remove barriers, to include age, race/ethnicity, gender, and language barriers?
 - (c) Provide a description of how faith-based organizations were provided opportunities to compete with traditional SUD treatment providers for funding, to include:
 - i. Describe how faith-based organizations were incorporated into the existing referral system, including number of referrals made
 - ii. What training was provided to local governments and/or faith-based

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and/or community organizations regarding Charitable Choice?

- (d) What efforts have been made to ensure that continuing education and/or training was made available to treatment staff?
 - (e) What activities have been implemented to coordinate service, including:
 - i. Describe the purpose of any memorandums of understanding between various service providers and the purpose for each.
 - ii. What were the outcomes?
 - iii. What have been the barriers/challenges and strategies to address such issues?
 - (f) What services have been provided for the PPW population including:
 - i. Specialized treatment services designed for PPW.
 - ii. Subcontractors process to make available or make referrals for prenatal care and child care.
 - (g) What outreach models were used to encourage PPW and IUID to enter treatment?
 - (h) Describe the types of Recovery Support Services made available, include:
 - i. Description of any memorandums of understanding between various service providers and the purpose for each.
 - ii. What were the outcomes?
 - iii. What have been the barriers/challenges and strategies to address such issues?
 - (i) What policies or initiatives were implemented to ensure Cultural Competence?
 - (j) What compliance monitoring strategies are in place to ensure adequacy of efforts to meet all the block grant requirements?
- (2) The BHO must use the DBHR form to report all SABG entities, their location, and the total amount the entity received from Block Grant funds with a description of the activities undertaken by the entity; including:
- (a) A Federal Inventory of Substance Abuse Treatment Services (I-SAT) ID for each treatment program.
 - (b) Address of each entity.
 - (c) Identifying expenditures specifically for services provided to PPW.

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7. **Statement of Work.** The BHO must provide the services and staff, and otherwise do all things necessary for the performance of work, as set forth below and in the DSHS approved BHO SABG Project Plan:

- a. The BHO must coordinate and convene a BHO Advisory Board, and conduct meetings as required by established bylaws and outlined in Exhibit D.
- b. The BHO must provide services in alignment with the BHO's submitted and approved BHO SABG Project Plan per [45 CFR 96.133](#), incorporated herein by this reference.

The terms herein, including the BHO's submitted BHO SABG Project Plan, are subject to further review by DBHR. Based upon further review:

- (1) DBHR must notify the BHO if one or more specific provisions within the BHO's Plan require additional clarification or correction.
 - (2) DBHR must notify the BHO within a reasonable amount of time regarding clarifications or corrections needed. DBHR must allow the BHO seven (7) days to address the requested clarifications or corrections to the work in this section that is subject to approval by the DBHR.
 - (3) The BHO may request additional time to address the requested clarifications or corrections within the original allotted seven (7) days and the granting of these requests is at the sole discretion of DBHR.
- c. If requested by DBHR, the BHO must attend and send (or if given prior approval by DBHR to participate via phone) a representative to the Behavioral Health Advisory Council meeting to discuss priorities for future SABG supported services.
 - d. The BHO must incorporate Cultural Competence into the work that must:

- (1) Demonstrate efforts to work effectively with Federally Recognized Tribes.

The Federally Recognized Tribes and/or RAIOS are defined in the following documents:

- (a) The Bureau of Indian Affairs Service Area List.
<http://www.bia.gov/WhoWeAre/RegionalOffices/Northwest/WeAre/Tribes/index.htm>
- (b) The Governor's Office of Indian Affairs map of Federally Recognized Tribes of Washington State.
http://www.goia.wa.gov/tribal_gov/documents/WAStateTribalMap.pdf
- (c) The DSHS 7.01 Policy, which identifies the Federally Recognized Tribes and/or Recognized American Indian Organizations (RAIOS).
<https://www.dshs.wa.gov/sites/default/files/SESA/oip/documents/DSHS-AP-07-01.pdf>

- (2) Demonstrate how Cultural Competence is incorporated, tracked in reports, and

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used during subcontract reviews.

- e. The BHO must submit a written request to the DSHS Contact listed on page one (1) for any requested contractual amendments no later than 30 days prior to the proposed start date of requested changes.

8. Treatment Services.

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

- (1) The BHO must ensure outpatient and residential SUD services are provided to eligible Individuals according to the requirements identified in WAC.
- (2) Subject to availability of funds, treatment services to eligible Individuals must not be denied regardless of their:
 - (a) Drug(s) of choice.
 - (b) Use of legally prescribed medications.
 - (c) Use of over the counter nicotine cessation products or participation in a nicotine replacement therapy regimen.
 - (d) Washington State BHO of residence. The BHO must, subject to allocated funds and service availability, serve all eligible Washington State residents who may be transient and require services.
- (3) Ensuring assessment and admission to treatment services are scheduled to be provided within fourteen (14) days after an Individual makes the request.

b. Capacity Management ([42 USC 300x-23](#) and [42 USC 300x-27](#))

The BHO must:

- (1) Manage a system that offers real time identification and response to treatment providers who are at 90% capacity to ensure Individuals have access to services in a timely manner through:
 - (a) A policy and procedure for matching and facilitating admission for PPW and IUID to treatment programs with sufficient capacity.
 - (b) The BHO must notify the DSHS contact identified on page one (1), in writing, when their network is at 90% capacity.
- (2) On an annual basis submit the DBHR Capacity Management Form, Exhibit C to the DSHS Contact listed on page one (1).

The Capacity Management Form submitted on the last day of the month following the close of the state fiscal year. The first report is due July 31, 2016, for April 1, 2016 to June 30, 2016.

- (3) Manage a Waiting List system to report and respond to treatment demand for

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block grant funded programs that will:

- (a) Collect Individual information as required on the DBHR Behavioral Health Data Store Data Elements Waiting List-First Contact form, DSHS Form #04-444 found here: <https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/04-444.pdf>.
 - (b) Establish a Unique Individual Identifier for each Individual on the Waiting List.
 - (c) Collect data on the Date of First Contact at least every seven (7) days.
 - (d) Ensure that Waiting List Individuals are transferred to programs within a reasonable geographic area at the earliest possible time.
 - (e) Allow Waiting List Individuals to be removed from the lists only when they engage in treatment services or cannot be located or the Individual refuses treatment.
- (4) Ensure Interim Services ([42 USC 300x-23](#); [42 USC 300x-27](#); [CFR 96.131](#); and [CFR 96.126](#))
- (a) Ensure Interim Services are available within 48 hours of seeking treatment.
 - (b) Document Interim Services in the Behavioral Health Data Store
 - (c) Ensure Interim Services include at a minimum:
 - i. Counseling on the effects of alcohol and drug use on the fetus for the pregnant woman.
 - ii. Prenatal care for the pregnant woman.
 - iii. Human immunodeficiency virus (HIV) and tuberculosis (TB) education.
 - iv. TB treatment services if necessary for Individuals Using Intravenous Drugs.
 - (d) Ensure that each individual who requests and is in need of treatment for intravenous drug use and/or PPW are admitted to programs of such treatment not later than fourteen (14) days after making the request for admission.
- c. Outreach Services ([42 USC 300x-23](#))
- (1) The BHO must ensure that Outreach is provided to priority populations. 45 CFR 96.126(e) and [45 CFR 96.131](#)
 - (2) Outreach activities must be specifically designed to reduce transmission of HIV and encourage IUID to undergo treatment.
- d. Tuberculosis Screening, Testing, and Referral. 42 USC 300x-24 (a) and 45 CFR 96.127

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- (1) The BHO must directly or through arrangement with other public entities, make tuberculosis services available to each Individual receiving SUD treatment. The services must include tuberculosis counseling, testing, and providing for or referring infected with tuberculosis for appropriate medical evaluation and treatment.
 - (2) In the case an Individual in need of treatment service is denied admission to the tuberculosis program on the basis of the lack of the capacity, the BHO will refer the Individual to another provider of tuberculosis services.
 - (3) The BHO must conduct case management activities to ensure the Individual receives tuberculosis services.
- e. Recovery Support Services can be provided to assist Individuals and their families to become stable and maintain long term Recovery from SUD.
- (1) Recovery plans must be completed in coordination with the Individual in treatment and/or their family and the CDP or a CDPT under the clinical supervision of a CDP, to include:
 - (a) Individual assessment and level of care that considers:
 - i. The needs of the Individual and/or their families,
 - ii. The extent to which there are Recovery Support Services, health and human services, and housing; and
 - iii. The extent of available resources.
 - (b) The plan must demonstrate shared decision-making.
 - (c) The plan must also document progress and final interview at the time of program discharge.
 - (2) Services will be nonclinical in nature and may include: Employment Services, Housing Services, self-help and support groups, life skills, spiritual and faith-based support, education assistance services, and parent/family education.
- f. Determine Individual Financial Eligibility: Low-Income Services
- (1) All Individuals applying for services supported by the BHO are screened for financial eligibility and must:
 - (a) Conduct an inquiry regarding each Individual's continued financial eligibility no less than once each month.
 - (b) Document the evidence of each financial screening in Individual records.
 - (c) Refer Individual to Health Plan Finder Website for eligibility determination at <http://www.wahbexchange.org/>.
 - (2) Low-income

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- (a) The BHO and its subcontractors must determine financial eligibility for Individuals.
- (b) Charging Fee Requirements – Low-Income Individuals
 - i. If any service defined in this Contract is available free of charge from the BHO to Individuals who have the ability to pay, the BHO must not charge DSHS for Fee Requirements for Low-Income Individuals.
 - ii. The BHO must use 220% of the Federal Poverty Guidelines to determine low-income service eligibility and must provide this information to its subcontractors. The Federal Poverty Guidelines can be found by accessing the Federal Poverty Guidelines link on the Contractors and Providers page of the DBHR website found here: <https://aspe.hhs.gov/poverty-guidelines>.
 - iii. The BHO must utilize a sliding fee schedule in determining the fees for low-income eligible services.
 - iv. Individuals who have a gross monthly income (adjusted for family size) at or below 220% of the Federal Poverty Guidelines are eligible to receive services partially supported by funds included in this Contract.
 - v. Fees must be charged in accordance with the Low-Income Service Eligibility Table to all Individuals receiving Assessment and treatment services that are determined through a financial screening, to meet the requirements of the [Low-Income Service Eligibility Table](http://www.q1medicare.com/q1group/MedicareAdvantagePartD/Blog.php?blog=2015-Federal-Poverty-Level-Guidelines--2015-2016-LIS-Qualifications-and-Benefits&blog_id=442&frompage=8) found here: http://www.q1medicare.com/q1group/MedicareAdvantagePartD/Blog.php?blog=2015-Federal-Poverty-Level-Guidelines--2015-2016-LIS-Qualifications-and-Benefits&blog_id=442&frompage=8
 - vi. If a BHO's subcontractor determines that charging a Low-Income Individual a fee would stop the Individual from continuing treatment, the fee requirement may be waived by the subcontractor.
 - vii. The minimum fee per counseling visit is \$2.00.
 - (A) Indigent Individuals are exempt from this fee requirement.
 - (B) Interim Services are exempt from this fee requirement.
- (3) Cost Sharing Assistance
 - (a) BHOs that choose to use SABG funds to help individuals satisfy cost-sharing requirements for SABG authorized SUD services must ensure that:
 - i. The provider is a SABG block grant sub-recipient.
 - ii. Cost-sharing is for SABG authorized services.
 - iii. Payments are in accordance with SABG laws and regulations.

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- iv. Cost-sharing payments are made directly to the provider of the service.
- v. Provide in the report to DSHS annually (Section 5. Requirements Subsection j.) that identifies:
 - (A) The number of individuals provided cost-sharing assistance,
 - (B) The total dollars paid out for cost-sharing, and
 - (C) Providers who received cost-sharing funds.
- g. Screening and Assessment
 - (1) The GAIN-SS screening tool must be used for conducting the integrated comprehensive screen on all new Individuals and the GAIN-SS scores must be documented in Behavioral Health Data Store.
 - (2) If the results of the GAIN-SS are indicative of the presence of a co-occurring disorder, this information must be considered in the development of the treatment plan including appropriate referrals.
 - (3) Documentation of the quadrant placement during the Assessment process and again on discharge are input to the Behavioral Health Data Store.
- h. Withdrawal Management (WAC 388-877 and 388-877B)
 - (1) The BHO may provide Withdrawal Management to those Individuals qualifying for those services.
 - (2) Facilities must have protocols established for serving Individuals receiving OST services that need Withdrawal Management from other substances.
- i. Youth Outpatient Services (WAC 388-877 and 388-877B)
 - (1) Service Eligibility
 - (a) Services must be provided to Youth ages ten (10) through seventeen (17).
 - (b) The age at which a Youth may self-refer for treatment without parental consent is thirteen (13) years of age.
 - (c) Individuals under age ten (10) may be served with the approval of the DSHS Contact.
 - (d) Young Adult Individuals, age eighteen (18) through twenty (20) who, based on developmental needs, may be served in a Youth outpatient treatment setting if determined to meet the Youth's clinical needs. The case file must contain documentation supporting the clinical decision.
 - (e) The case files of Youth served in an adult outpatient setting must contain documentation supporting the clinical decision to place the Youth in an adult setting.

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(2) Youth Family Support Services

- (a) Young Adults who have been approved for Youth treatment must be billed as Youth.
- (b) Youth funds may be used for family support services using Fiscal/Program Requirements codes including:
 - i. Youth Group Therapy for Youth and Young Adults ages ten (10) through twenty (20).

Services to family members of Youth admitted to treatment and costs incurred to provide supervised recreational activities in conjunction with a SUD outpatient program. Family Services must be coded as family support services and Supervised Therapeutic Recreation must be coded as group therapy.

- ii. Youth Individual Therapy for Youth and Young Adults ages ten (10) through twenty (20).

This also includes services to family and significant others of persons in treatment. These expenses should be coded as defined in the Behavioral Health Data Store.

(3) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services

The BHO must require subcontractors to refer Medicaid eligible Youth that have not previously received an EPSDT health screen to an EPSDT primary health care provider for an EPSDT health screen.

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

- (1) The BHO must publicize the availability of treatment services to PPW at the facilities, as well as the fact that PPW receive priority admission.
- (2) PPW receiving treatment are treated as a family unit.
- (3) The following services are provided directly or arrangements are made for the provision of the following services with sufficient case management and transportation to ensure women and their children have access to services provided in a. through e. below:
 - (a) Primary medical care for women, including referral for prenatal care and childcare while the women are receiving such services.
 - (b) Primary pediatric care including immunization for their children.
 - (c) Gender specific SUD treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting are provided.
 - (d) Provide, directly or through arrangements with other public or nonprofit

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private entities, childcare to Individuals participating in Assessment and treatment activities, and support activities such as support groups, parenting education and other supportive activities when those activities are recommended as part of the Recovery process and noted in the Individual's treatment plan.

- (e) Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual abuse, physical abuse and neglect.

(4) Substance Use Disorder Assessment Services Specific to PPW.

The BHO must ensure Assessment requirements in addition to standard Assessment services, to include a review of the gestational age of fetus, mother's age, living arrangements and family support data.

- (a) A pregnant woman who is unable to access residential treatment due to lack of capacity and is in need of detoxification, can be referred to a Chemical Using Pregnant (CUP) program for admission, typically within 24 hours.

(b) Services Specific to Post-partum Women

Services may continue to be provided for up to one (1) year postpartum.

(5) Childcare Services (45 CFR 96.131).

- (a) Off-site childcare services (with the exception of care provided in the child's or relative's home) are delivered by childcare providers licensed or certified by the Department of Early Learning in accordance with WAC 170-296A.

- (b) Provide the parent with information to assist with the selection of an off-site childcare provider when on-site childcare is not available. The information supplied by subcontractors must include at a minimum:

- i. Direction to the DEL website address for information on childcare services at <http://www.del.wa.gov/care>
- ii. Direction to the DEL website address for information on selecting childcare services at: <http://www.del.wa.gov/care/find-facility/Default.aspx>

- k. Assessment and treatment services are provided to Individuals Using Intravenous Drugs (42 USC 300x-22 and 45 CFR 96.126)

l. Opiate Substitution Therapy (OST)

- (1) A BHO funding OST services must ensure they are provided through a service provider that maintains accreditation from the Center for Substance Abuse Treatment (CSAT) and complies with the following rules:

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

- (b) 45 CFR, Part 8.

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(c) Washington State Board of Pharmacy WAC 246-887; as such regulations now exist or are hereafter amended.

(2) The BHO must ensure that Individuals in OST utilizing the Medicaid transportation broker services will receive priority for filling a vacant slot at another publicly-funded OST facility if the transfer would result in a savings in transportation costs. The Individual will not be required to transfer to a closer agency if there are clinical reasons to support not transferring the Individual.

m. Out-stationed Staff

The BHO must ensure out-stationed staff report all Individual data in the Behavioral Health Data Store.

n. Screens and Urinalysis (UA) Testing

General Requirements

(1) Screens and UA testing is an allowable cost only within the context of a treatment plan.

(2) Eligible Individuals

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

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

9. **SABG Funding Restrictions.**

The BHO must not use SABG Funds for the following:

- a. Services and programs that are covered under the capitation rate for Medicaid-covered services to Medicaid enrollees.
- b. The BHO's administrative costs associated with salaries and benefits at the BHO's organizational level.
- c. Inpatient mental health services.
- d. Mental health services.
- e. Construction and/or renovation.
- f. Capital assets or the accumulation of operating reserve accounts.
- g. Equipment costs over \$5,000.
- h. Cash payments to Individuals.
- i. Purchase or improve land; purchase, construct, or permanently improve (other than

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minor remodeling) any building or other facility; or purchase major medical equipment.

- j. Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- k. Provide financial assistance to any entity other than a public or nonprofit private entity.
- l. Make payments to intended recipients of health services.
- m. Provide Individuals with hypodermic needles or syringes.
- n. Provide treatment services in penal or correctional institutions of the State.

10. Target Population.

The BHO must ensure that SABG Funds are used only for services to Individuals who are not enrolled in Medicaid or for services that are not covered by Medicaid, as described below:

Benefits	Services	Use SABG Funds	Use Medicaid
Individual is not a Medicaid recipient	Any Allowable Type	Yes	No
Individual is a Medicaid recipient	Allowed under Medicaid	No	Yes
Individual is a Medicaid recipient	Not Allowed under Medicaid	Yes	No

11. Subcontracts and Subcontract Monitoring.

- a. All activities and services performed pursuant to this Agreement, which are not performed directly by the BHO, must be subcontracted in accordance with the terms set forth under this Agreement.
- b. SABG funds may not be used to pay for services provided prior to the execution of subcontracts, or to pay in advance of service delivery. All subcontracts and amendments must be in writing and executed by both parties prior to any services being provided.
- c. SABG Fee-for-Service, set rate, performance-based, cost reimbursement, and lump sum Subcontracts must be based on Reasonable Costs.
- d. The BHO must submit to the DSHS contact identified on page one (1) of the contract a list of SABG subcontractors.
- e. The BHO must retain, on site, all subcontracts. Upon request by DBHR, BHO will immediately make available any and all copies, versions, including all amendments of subcontracts.

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- f. The BHO must obtain prior approval before entering into any subcontracting arrangement. In addition, the BHO must submit to the DSHS contact identified on page one (1) of the contract at least one of the following for review and approval purposes:
- (1) A copy of the proposed subcontract template; or
 - (2) A copy of the BHO's standard contract template and approve only subcontracts entered into using that template; or
 - (3) Certification in writing that the subcontractor meets all requirements under the Contract and that the subcontract contains all required language under the contract, including any data security, confidentiality and/or Business Associate language, as appropriate.
- g. The Contractor must ensure that its subcontractors receive an independent audit if the subcontractor expends a total of \$750,000 or more in Federal awards from any and/or all sources in any fiscal year. The contractor must require all subcontractors to submit to the Contractor the data collection form and reporting package specified in 2 CFR Part 200, Subpart F, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor within 10 days of audit reports being completed and received by subcontractors. The contractor must follow up with any corrective actions for all subcontractor audit findings in accordance with 2 CFR Part 200, Subpart F. The contractor must retain documentation of all BHO subcontractor monitoring activities; and, upon request by DBHR, must immediately make all audits and/or monitoring documentation available to DBHR.
- h. The BHO must conduct and/or make arrangements for an annual fiscal review of each subcontractor receiving SABG; and, must provide DBHR with documentation of these annual fiscal reviews upon request. The annual fiscal review must ensure that:
- (1) Expenditures are accounted for by revenue source.
 - (2) No expenditures were made for items identified as not payable from SABG funds under Section 9. and Section 10. of this Agreement.
 - (3) Expenditures are made only for the purposes stated in this Agreement, and for services that were actually provided.
- i. Subcontractor Termination Requirements
- When terminating a subcontract, the BHO must withhold the final payment of any treatment subcontract until the open (admitted for treatment services) cases in the Behavioral Health Data Store have been discharged from the system. This applies for all subcontractor closures. For subcontract termination, only publicly funded cases must be discharged.
- j. Subcontractor Monitoring
- (1) On-Site Monitoring

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The BHO must conduct a subcontractor review which must include at least one (1) on-site visit during the contract period to each subcontractor site providing treatment services during the period of performance of this Contract in order to monitor compliance with subcontract performance criteria for the purpose of documenting that the subcontractors are fulfilling the requirements of the subcontract.

(2) Additional Monitoring Activities

The BHO must maintain records of additional monitoring activities in the BHO's subcontractor file and make them available to DSHS upon request including any audit and any independent documentation.

- k. The BHO must have effective strategies for monitoring subcontractors for compliance with all SABG requirements as well plans to monitor corrective action. [45 CFR 96.126(f), 96.127(b), and 96.131(f)]

12. SAMHSA Award Terms.

- a. This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA).
- b. Grant funds cannot be used to supplant current funding of existing activities.
- c. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level 1, which is \$199,700 annually.
- d. Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or sub-grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. SAMHSA or its designee may conduct a financial compliance audit and on-site program review of grants with significant amounts of Federal funding.
- e. Per 45 CFR 74.36 and 45 CFR 92.34 and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for General Government purposes. Income earned from any copyrightable work developed under this grant must be used as program income.
- f. Program income accrued under this award must be used in accordance with the additional costs alternative described in 45 CFR 74.24(b)(1) or 45 CFR 92.25(g)(2) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB circulars A-102 and A-110.
- g. No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda

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purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.

- h. No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agency acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.
- i. Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and internet sites): "Funding for this conference was made possible (in part) by Grant SM010056 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government."
- j. If federal funds are used by the Contractor to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

13. Consideration.

- a. The total maximum consideration payable to Contractor for satisfactory performance of the work under this Agreement is a maximum of \$5,259,412 for services provided beginning on April 1, 2016 and ending on June 30, 2017, including any and all expenses.
- b. Subject to this maximum amount, payment shall be made for services in the categories set forth on the DSHS-approved BHO SABG Project Plan, which contains budget categories that are BHO estimates only. BHO may bill amounts that vary from these estimates, provided that the maximum total amount payable under this Contract is not exceeded.
- c. The BHO SABG Project Plan shall be a required deliverable under this Contract. Contractor shall submit its proposed BHO SABG Project Plan to the DSHS Contact identified on page one (1) of this Contract no later than June 30, 2016. The proposed BHO SABG Project Plan shall adhere to the format and content requirements set forth in Exhibit A to this Contract. The DSHS Contact shall review the proposed BHO SABG Project Plan and shall notify Contractor in writing of: (1) the date of DSHS approval of the BHO SABG Project Plan; or, (2) the revisions that DSHS requires prior to DSHS approval and a due date for submission by Contractor of a revised proposed Project Plan.
- d. DSHS shall not process payments for Services provided under this Contract until DSHS has issued its written approval of the Contractor's BHO SABG Project Plan.
- e. The BHO must maintain financial records that track expenditures by Category, according to State Fiscal Year (SFY).

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- f. This Agreement's funding for April 1, 2016 through June 30, 2017 is dependent upon DBHR's receipt of continued Federal funding awards. If DBHR does not receive continued Federal funding awards, DBHR may terminate this Agreement in accordance with this Agreement's General Terms and Conditions.
- g. Funding that supports this Agreement comes from Substance Abuse Block Grant (SABG) Funds provided by the United States Department of Health and Human Services (DHHS) and described in the Catalog of Federal Domestic Assistance (CFDA) #93.959. SABG Funding may not be used to supplant State funding of SUD treatment programs.
- h. A minimum of ten percent (10%) of funding must be expended to maintain, develop or enhance services for PPW.

14. Billing and Payment.

a. Billing:

- (1) DSHS must not make any payments in advance or anticipation of the delivery of services to be provided pursuant to this Agreement. DBHR will not pay for any services provided prior to the start date of this Agreement or for variations from the approved BHO SABG Project Plan, or other terms, prior to a properly executed Amendment to this Agreement.
- (2) DSHS must reimburse the BHO for allowable expenditures incurred while performing services in accordance with this Agreement, up to the Maximum Consideration of this Agreement.
- (3) Claims for reimbursement must be submitted by email, monthly, and on unaltered invoicing forms in the format as provided to BHO by DBHR. Payment must be contingent on BHO appropriately filling out DBHR provided invoicing documents and following all DBHR directed protocols on submitting these electronic documents to DBHR.
- (4) The BHO must submit claims for reimbursement no later than 60 days following the month in which services are provided.
- (5) The final invoice for services provided and as authorized by this Agreement must be received by DBHR by August 31, 2017 to ensure final payment. DBHR at its sole discretion may extend these final invoice submission dates for good cause.

b. Payment.

- (1) Payment is considered timely if made by DSHS within 30 days after receipt and acceptance by DBHR of properly completed A19s. DBHR, at its sole discretion, may withhold payment claimed by the BHO for services rendered if BHO fails to satisfactorily comply with any term or condition of this Agreement.
- (2) The BHO must ensure that SABG funds for special services for PPW and TB services are the "payment of last resort."

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15. Remedial Action.

- a. DBHR may initiate remedial action if DBHR determines any of the following situations exist:
 - (1) A problem exists that negatively impacts Individuals receiving services.
 - (2) The BHO has failed to perform any of the requirements or services required under this Agreement.
 - (3) The BHO has failed to develop, produce, and/or deliver to DBHR any of the statements, reports, data, data corrections, accountings, claims, and/or documentation required under this Agreement.
 - (4) The BHO has failed to perform any administrative function required under this Agreement, where administrative function is defined as any obligation other than the actual provision of behavioral health services.
 - (5) The BHO has failed to implement corrective action required by the State and within DBHR prescribed time frames.
- b. DBHR may impose any of the following remedial actions if DBHR determines the situations described in this section exist:
 - (1) Corrective Action Plan

DBHR may require the BHO to develop a corrective action plan, which must be submitted for approval to DBHR within fifteen (15) calendar days of notification. Corrective action plans may require modification of any policies or procedures by the BHO relating to the fulfillment of its obligations pursuant to this Agreement. DBHR, at its sole discretion, may extend or reduce the time allowed for corrective action depending upon the nature of the situation.

 - (a) Corrective action plans at a minimum must include:
 - i. A brief description of the finding(s), including all relevant information specific to the issue(s).
 - ii. Specific actions taken and to be taken by BHO, including: a timetable; a description of the monitoring to be performed; and, the individuals responsible for resolving the situation(s).
 - (b) Corrective action plans are subject to approval by DBHR. DBHR may:
 - i. Accept the plan as submitted.
 - ii. Accept the plan with specified modifications.
 - iii. Request a modified plan.
 - iv. Reject the plan.

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(2) Hold on Invoices

DBHR at its sole discretion may hold and place in pending status the processing of any invoices under this Agreement until corrective action is approved as complete. DBHR at its sole discretion may release a portion or all of any payments withheld once satisfactory resolution has been achieved.

- 16. Third Party Beneficiary Limits.** Individuals Covered and Served by Medicaid and/or Other Behavioral Health Programs Are Not Third-Party Beneficiaries Under this Agreement. Although DSHS and the BHO mutually recognize that services under this Agreement may be provided by the BHO to Individuals receiving services under the Medicaid program, and Chapters 71.05, 71.24, and 71.34 RCW, it is not the intention of either DSHS or the BHO that such Individuals, or any other persons, occupy the position of intended third-party beneficiaries of the obligations assumed by either party to this Agreement.
- 17. Non-Medicaid Revenues and Expenditures Report (R&E Report).** Contractor must report to DBHR all SABG Revenues and Expenditures on the R&E Report as directed by DBHR. Contractor must follow all DBHR directed protocols and timelines for submitting these reports.

Introduction

Washington State's Substance Use Disorder strategies to further the goals of the Combined Federal Block Grant will rely on service delivery through BHOs. Contracts with BHO's continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

This Plan is for April 1, 2016 – June 30, 2017. All Substance Abuse Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2017, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to BHOtransition@dshs.wa.gov no later than **5:00pm June 30, 2016**. DBHR will contact the BHO Contact Person identified below if there are any questions.

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each "Good and Modern Systems of Care* (G & M) category under column heading "Proposed Expenditure Amount." The "Grand Total" at bottom of that column must equal total contract amount. The "Grand Total" will automatically calculate off of the amounts entered into each "Proposed Total Expenditure Amount" text box.
- **Federal Requirement** – A minimum of 10% of funding must be expended to maintain, develop or enhance services for Pregnant, Postpartum Women and Women with Dependent Children (PPW). Provide the number of PPW expected to be served.
- "Outcomes and Performance Indicators" – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.
- Tab or use your cursor to enter into each text box.
- Use your cursor to enter amounts into "Proposed Total Expenditure Amount." You do not need to enter a "\$" – it will automatically add the symbol when you move to the next text box.

*The G&M system is designed and implemented using a set of principles that emphasize behavioral health as an essential part of overall health in which prevention works, treatment is effective and people recover.

BHO:	Current Date:	Total SABG Allocation:
BHO Contact Person:	Phone Number: - -	Email:

Section 1 Proposed Plan Narratives

Needs Assessment (required)	Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the BHO. Include age, race/ethnicity, gender, and language barriers. <i>Begin writing here:</i>
Cultural Competence (required)	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. <i>Begin writing here:</i>
Continuing Education for Staff (required)	Describe of how continuing education for employees of treatment facilities is expected to be implemented. <i>Begin writing here:</i>
Charitable Choice (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked. <i>Begin writing here:</i>
Coordination of Services (required)	Provide a description what activities or initiatives will be or are in place to ensure services are coordinated with other appropriate services. <i>Begin writing here:</i>
Public Comment/Local Board/BHO Advisory Board Involvement (required)	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan. <i>Begin writing here:</i>
Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements. <i>Begin writing here:</i>
Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families. <i>Begin writing here:</i>
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored. <i>Begin writing here:</i>

Section 2
Proposed Project Summaries and Expenditures

The * indicates a required component of the Proposed Project Summary

Category/Sub Category	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness.				
*PPW Outreach				
Outreach to Individuals Using Intravenous Drugs (IUID)				
Brief Intervention				
Drug Screening				
*Tuberculosis Screening				
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care.				
Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in WAC 388-.877B				
Assessment				
*Engagement and Referral				
*Interim Services				
Educational Programs				

Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in WAC 388-877B.				
Individual Therapy				
Group Therapy				
Family Therapy				
Multi-Family Counseling Therapy				
Medication Assisted Therapy (MAT)				
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				
Case Management				
Recovery Housing				
Supported Employment				
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				
PPW Housing Support Services				
Supported Education				
Housing Assistance				
Spiritual/Faith-Based Support				
Intensive Support Services – Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				
*Therapeutic Intervention Services for Children				
Sobering Services				

Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in WAC 388-877B.				
Sub-acute Withdrawal Management				
Crisis Services Residential/ Stabilization				
Intensive Inpatient Residential Treatment				
Long Term Residential Treatment				
Recovery House Residential Treatment				
Involuntary Commitment				
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in WAC 388-877B.				
Acute Withdrawal Management				
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				
*Interim Services				
*Transportation for PPW				
Transportation				
*Childcare Services				
*Other SABG activities – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments.				
Grand Totals				\$0.00

The Substance Abuse Block Grant (SABG) requires DBHR to ensure an independent peer review process is implemented in Washington State. Individuals who have contract monitoring, certification, or funding decision-making responsibilities for the providers cannot complete peer reviews, therefore DBHR staff cannot conduct peer reviews.

1. Definitions for purposes of this Exhibit.
 - a. “Appropriateness” for purposes of this section, means the provision of treatment services consistent with the individual's identified clinical needs and level of functioning per American Society of Addiction Medicine (ASAM).
 - b. “Independent” means an entity not bound by or committed to, or affiliated with a larger controlling unit; in this case Department of Social and Health Services, Behavioral Health Services Integration Administration, Division of Behavioral Health and Prevention or Behavioral Health/Associated Services Organizations.
 - c. “Quality” for purposes of this section, is the provision of treatment services which, within the constraints of technology, resources, and Individual circumstances, will meet accepted standards and practices which will improve Individual health and safety status in the context of Recovery.

2. Peer Review.
 - a. Is **NOT** a monitoring, licensing, or auditing process,
 - b. Is performed by practicing professionals, and is based on professional trust and understanding,
 - c. Is an educational process for both the professional being reviewed and the professional conducting the review. As such, the process serves to stimulate professional growth and strengthen the entire profession, and
 - d. Provides a supportive environment where professionals identify program strengths and challenges; and, provide guidance, and advice for improving the quality of care.
 - e. General timeline for peer review activities:
 - (1) February: Participating agencies and CDPs will be identified,
 - (2) Early Spring: Training for volunteer CDP peer reviewers,
 - (3) May – June: Peer review site-visits occur
 - (4) By July 30: Final peer review reports completed and submitted to DBHR.

3. Selection Process.

BHO must:

 - a. Provide DSHS with a list of Substance Use Disorder providers representing at least five (5) percent of the total SABG funded agencies by March 1 of each year beginning 2017.

- b. Provide at least three (3) volunteer Chemical Dependency Professionals (CDP) to be peer reviewers.
 - (1) All volunteer CDP peer reviewers must sign a disclaimer for each agency they are reviewing to assure they have no financial connection.
 - (2) Volunteer CDPs will be reviewing SABG funded agencies from other BHOs.
- c. DSHS will work in coordination with volunteer CDPs to make travel and lodging arrangements for peer review orientation and site reviews. DSHS will reimburse for all travel miles, meals, and parking costs.

4. Peer Reviewers.

- a. Peer Reviewers are volunteer Chemical Dependency Counselors experienced in the substance use disorder treatment field.
- b. Peer Reviewers will work as a team of at least two (2) and no more than four (4).
- c. Peer Review Team will review at two (2) agencies.
- d. Peer Reviewers can receive up to 32 CEUs.
- e. Peer Reviewers will:
 - (1) Schedule site visits,
 - (2) Interview program staff chosen by the provider,
 - (3) Review a minimum of 5% of the agency's records for active clients, or 5 records, whichever is smaller.
- f. Main responsibilities are to:
 - (1) Assist the provider to identify program strengths and challenges.
 - (2) Assess needs and make recommendations for technical assistance and training to improve skills and improve quality and appropriateness of treatment and recovery services.
 - (3) Recommend possible changes in service delivery patterns to improve the quality and appropriateness of treatment and recovery services.
 - (4) Complete a Peer Review report for each program reviewed, in a format provided by DBHR, and within the following timeline:
 - (5) Within ten (10) days of the site visit, the reviewer sends a draft report to the provider for their review and comments. The provider has ten (10) days from the receipt of the draft report to returns their comments, if any, to the reviewer.
 - (6) Within ten (10) days of receiving the provider's comments the reviewer completes the final report; and,

- (7) Email a copy of the final report to the provider and to DBHR with a courtesy copy to the managing Behavioral Health Organization.
- (8) Provide suggestions and recommendations regarding the effectiveness of the Peer Review program and modifications to program tools, training and procedures.

5. Organizational Roles and Responsibilities.

a. The Substance Use Disorder Treatment Service Provider:

- (1) Coordinates with the peer reviewers to schedule the site visit. Each review is usually no less than four hours but no more than six.
- (2) Selects one or two key staff to participate in the site visit interviews.
- (3) Share copies of brochures and community educational materials distributed by the agency with peer reviewers.
- (4) Randomly selects and arranges five or 5% of patient records from the caseload of currently active clients for peer review purpose **only**.
- (5) Completes a peer review process evaluation form.
- (6) Within 10 days, reviews and comments on the draft peer review report of their program.
- (7) Each program review becomes part of the recommendations presented by the Behavioral Health Advisory Council (BHAC) to DBHR Director for consideration in behavioral health strategic planning.

b. The Behavioral Health Advisory Council (BHAC):

- (1) Oversees the peer review process in Washington State.
- (2) Reviews a compilation of summary reports from the Peer Reviewers.
- (3) Merges the individual reports into a document that summarizes:
 - (a) Program characteristics.
 - (b) Program strengths.
 - (c) Program challenges.
 - (d) Reviewers' recommendations.
 - (e) Requests or suggestions for technical assistance and training.
- (4) Submits a final report, with recommendations, to the Director of the Division of Behavioral Health and Recovery.

c. The Division of Behavioral Health and Recovery (DBHR):

- (1) DBHR supports BHAC and their role in overseeing the Peer Review Program by:
 - (a) Incorporating a clause in the contract of all programs receiving federal block grant funding that explains the provider's responsibility to participate in the Peer Review process.
 - (b) Mailing the annual peer review recruitment letters to all certified substance use disorder treatment and professional organizations.
 - (c) Providing staff support to the BHAC to arrange meetings, provide written materials.
 - (d) Providing an orientation and training to Peer Reviewers, prior to making site visits. Trainings are approximately four hours long. The training is designed to bring consistency to the peer review process and will include information regarding:
 - i. Training tools, forms, and support services that may be available to the provider;
 - ii. Scheduling the site visit;
 - iii. Structuring/organizing the peer review day;
 - iv. Using the peer review forms and information gathering tools;
 - v. Maintaining confidentiality of patient and provider information;
 - vi. Writing the individual peer review reports;
 - vii. Making travel arrangements and completing the reimbursement forms; and,
 - viii. Meeting reporting deadlines.
- (2) For each annual Peer Review process, DBHR maintains records of the following:
 - (a) A listing of the providers reviewed and the dates of the peer review site-visits.
 - (b) A listing of the peer reviewers.
 - (c) A copy of summary peer review reports.
 - (d) A copy of the summary recommendations to the Director of the Division of Behavioral Health and Recovery.
- (3) After each review period, DBHR will:
 - (a) Make appropriate changes to forms used during the Peer Review program in response to recommendations from peer reviewers and providers.
 - (b) Provide up to 32 CEUs to each peer reviewer. CEUs are determined based on number of hours spent conducting a review.
 - (c) Send each participating provider a copy of the recommendations document presented to DBHR's Director.

Capacity Management means a continually updated system to identify capacity as well as matching the Pregnant and Postpartum Women and Women with Dependent Children (PPW), and Individuals Using Intravenous Drugs (IUID) with an available treatment program. The BHO must submit the DBHR Capacity Management Form annually to the DSHS Contact listed on page one (1) of the SABG Contract. The BHO must manage a system that offers real time identification and response to treatment providers who are at 90% capacity to ensure Individuals have access to services in a timely manner through an annual report. The BHO must notify the DSHS Contact listed on page one (1) of the SABG Contract, in writing, when their network is at 90% capacity. See SABG Contract, Section 8. Treatment Services, Subsection b. Capacity Management.

BHO:	Submission Date/State Fiscal Year:	
BHO Contact Person:	Phone Number	Email:

Individuals Using Intravenous Drugs (IUID)				
Unique Client Identifier	Date of first contact	# of days on waitlist	Service Type Individual is waiting for	When/what Interim Services Began
				Total Number of Individuals:
Number of Individuals removed from waitlist and why				
Document weekly contact (why and how individuals are removed from waiting list for any purpose other than admission to treatment)				

PPW				
Unique Client Identifier	Date of first contact	# of days on waitlist	Service Type Individual is waiting for	When/what Interim Services Began
				Total Number of Individuals:

Additional Questions
What are some of the barriers you encountered when trying to help an individual into services?
How can we help to address some of the barriers to increase access to services?
Please attach your policy and procedure for matching and facilitating admission to treatment programs with sufficient capacity for PPW and Individuals Using Drugs Intravenously.

The Behavioral Health Organization must maintain an Advisory Board that is broadly representative of the demographic character of the region. Composition of the Advisory Board and the length of terms must be provided to DSHS upon request and meet the following requirements:

1. Be representative of the geographic and demographic mix of service population.
2. Have at least 51% of the membership be persons with lived experience, family of individuals with lived experience and/or self-identified as a person in recovery from a behavioral health disorder.
3. Law Enforcement representation.
4. County representation, when the BHO is not a County operated BHO.
5. No more than four elected officials.
6. No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor.
7. Three year term limit, multiple terms may be served, based on rules set by the Advisory Board.