
**Therapeutic Health Services
Behavioral Health State Contract - Statement of Work**

PURPOSE STATEMENT

In providing services in support of core services, Contractor shall provide services in accordance with North Sound BHO policies and procedures that address how the availability of resources for these services is determined including how decisions are made to deny services due to insufficient resources. Other Services are to be provided in accordance with the specific requirements outlined for the service.

1. STATEMENT OF WORK – WITHIN AVAILABLE RESOURCES

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

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

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

2. SUBSTANCE USE DISORDER – TARGET POPULATION

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

- a. Pregnant women and women with dependent children;
- b. Intravenous drug users;
- c. Tuberculosis services;
- d. Early intervention services for HIV/AIDS; and
- e. Primary prevention services.

3. SUBSTANCE USE DISORDER (SUD) SERVICES – CORE SERVICESTreatment Services (WAC 388-877 & 388-877B)

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

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- b. Subject to availability of funds, treatment services to eligible Individuals must not be denied regardless of their:
- i. Drug(s) of choice;
 - ii. Use of legally prescribed medications; and/or
 - iii. Use of over the counter nicotine cessation products or participation in a nicotine replacement therapy regimen.
- c. Washington State Contractor of residence. The Contractor must, subject to allocated funds and service availability, serve all eligible Washington State residents who may be transient and require services.
- d. Ensuring assessment and admission to treatment services are scheduled to be provided within 14 days after an Individual makes the request.
- e. Ensure Interim Services ([42 USC 300x-23](#); [42 USC 300x-27](#); [CFR 96.131](#); and [CFR 96.126](#)).
- i. Ensure Interim Services are available within 48 hours of seeking treatment;
 - ii. Document Interim Services in the Behavioral Health Data Store; and
 - iii. Ensure Interim Services include at a minimum:
 - (a) Counseling on the effects of alcohol and drug use on the fetus for the pregnant woman;
 - (b) Prenatal care for the pregnant woman;
 - (c) Human immunodeficiency virus (HIV) and tuberculosis (TB) education; and
 - (d) TB treatment services, if necessary, for Individuals Using Intravenous Drugs.
- f. Ensure each individual who requests and is in need of treatment for intravenous drug use and/or Post-Partum Women (PPW) are admitted to programs of such treatment not later than 14 days after making the request for admission.
- g. Tuberculosis Screening, Testing and Referral ([42 USC 300x-24 \(a\)](#) and [45 CFR 96.127](#)).
- i. The Contractor must directly or through arrangement with other public entities, make tuberculosis services available to each Individual receiving SUD treatment. The services must include tuberculosis counseling, testing and providing for or referring infected with tuberculosis for appropriate medical evaluation and treatment.
 - ii. In the case an Individual in need of treatment service is denied admission to the tuberculosis program on the basis of the lack of capacity, the Contractor will refer the Individual to another provider of tuberculosis services.

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- iii. The Contractor must conduct case management activities to ensure the Individual receives tuberculosis services.
 - h. Recovery Support Services can be provided to assist Individuals and their families to become stable and maintain long-term Recovery from SUD.
 - i. Recovery plans must be completed in coordination with the Individual in treatment and/or their family and the CDP or a CDPT under the clinical supervision of a CDP, to include:
 - i. Individual assessment and level of care that considers:
 - (a) The needs of the Individual and/or their families;
 - (b) The extent to which there are Recovery Support Services, health and human services and housing; and
 - (c) The extent of available resources.
 - ii. The plan must demonstrate shared decision-making.
 - iii. The plan must also document progress and final interview at the time of program discharge.
 - j. Services will be non-clinical 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.

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

- a. The Contractor may provide Withdrawal Management to those Individuals qualifying for those services.
- b. Facilities must have protocols established for serving Individuals receiving Opiate Substitution Therapy (OST) services that need Withdrawal Management from other substances.

Youth Outpatient Services (WAC 388-877 and 388-877B)

- a. Service Eligibility
 - i. Services must be provided to Youth ages 10 through 17.
 - ii. The age at which a Youth may self-refer for treatment without parental consent is 13 years of age.
 - iii. Individuals under age 10 may be served with the approval of the DSHS Contact.

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- iv. Young Adult Individuals, age 18 through 20 who, based on developmental needs, may be served in a Youth outpatient treatment setting if determined to meet the Youth's clinical needs. The case file must contain documentation supporting the clinical decision.
 - v. The case files of Youth served in an adult outpatient setting must contain documentation supporting the clinical decision to place the Youth in an adult setting.

b. Youth Family Support Services

- i. Young Adults who have been approved for Youth treatment must be billed as Youth.
- ii. Youth funds may be used for family support services using Fiscal/Program Requirements codes including:

- (a) Youth Group Therapy for Youth and Young Adults ages 10 through 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.

- (b) Youth Individual Therapy for Youth and Young Adults ages 10 through 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.

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

- a. The Contractor must publicize the availability of treatment services to PPW at the facilities, as well as, the fact PPW receive priority admission.
- b. PPW receiving treatment are treated as a family unit.
- c. The following services are provided directly, or arrangements are made, for the provision of the following services with sufficient case management and transportation to ensure women and their children have access to services provided in i. through v. below:
 - i. Primary medical care for women, including referral for prenatal care and childcare while the women are receiving such services.
 - ii. Primary pediatric care including immunization for their children.

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

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

- a. The Contractor must ensure Assessment requirements, in addition to standard Assessment services, to include: a review of the gestational age of fetus, mother's age, living arrangements and family support data.
- b. A pregnant woman who is unable to access residential treatment due to lack of capacity and in need of detoxification, can be referred to a Chemical Using Pregnant (CUP) program for admission, typically within 24 hours.

Services Specific to Post-Partum Women

Services may continue to be provided for up to one (1) year post-partum.

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

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

Opiate Substitution Therapy (OST)

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

The Contractor must ensure 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.

Out-stationed Staff

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

Screens and Urinalysis (UA) Testing General Requirements

- a. Screens and UA testing is an allowable cost only within the context of a treatment plan; and
- b. Eligible Individuals:

The subcontractor must use the testing standards identified on the Contractor Minimum UA 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>.

4. SERVICES IN SUPPORT OF CORE SERVICES-WITHIN AVAILABLE RESOURCES

When the Contractor has available resources, the Contractor must provide services necessary to the facilitation of providing or preventing core services to members of priority groups ([RCW 71.24](#)). The Contractor must follow North Sound BHO policies and procedures that determine how the availability of resources for these services is determined, including how decisions are made to authorize intake evaluations or deny provision of services due to insufficient resources.

5. RECOVERY PLANS

Plan 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:

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- 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; and
 - d. Services will be non-clinical 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.

6. CONTRACTED SERVICES

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

- a. Child/Youth SUD Outpatient Services; and
- b. OST.

7. CONSIDERATION

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

- a. Contractor shall submit an invoice monthly for capacity funded/cost reimbursement portions of this contract.
- b. Contractor shall submit requests for flex funds and interpreter services in compliance with North Sound BHO Flex Fund Policy and Flex Fund Form incorporated herein by reference.
- c. Contractor shall submit an invoice to North Sound BHO 15 days after the end of the month.
- d. Contractor shall submit encounter data per the MIS section on the fee-for-service portion of this contract.
- e. The consideration by North Sound BHO to Contractor pursuant to this contract shall be paid monthly within 15 working days of North Sound BHO's receipt of payment by DSHS/DBHR.

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

8. CRIMINAL JUSTICE TREATMENT ACCOUNT (CJTA)

CJTA funding is designated for SUD treatment and treatment support services for adults:

- a. Who have been charged with an offense by a Washington State prosecutor or are involved with a Washington State county drug court; and
- b. Who are not Medicaid-eligible; and
- c. Who are 220% of the federal poverty level.

SUD treatment services and treatment support services provided in community locations are eligible under this funding and must meet requirements of WAC-388-877 and WAC 388-877B. Encounters are reported to the North Sound BHO Consumer Information System (CIS) utilizing modifier HZ to indicate CJTA. Urinalysis testing may be provided based on court requirements of the individual and are billed on the Monthly Invoice Form, CJTA line.

In addition to community locations, SUD services may be provided to CJTA-eligible individuals in local jails. These services may include assessment, engagement, referral, transition planning and outpatient treatment for the purposes of engaging individuals in SUD treatment, referral to SUD services, coordinating care, continuity of care and transition planning. If encounters are provided in a local jail, the providers must indicate that location and use HZ modifier to indicate CJTA.

Up to eight (8) sessions per individual may be provided to CJTA-eligible incarcerated individuals.

- a. BHA may identify and provide transition services to individuals with SUD to expedite and facilitate their return to the community;
- b. BHA may provide coordination of care;
- c. BHA may initiate SUD outpatient treatment services with individuals who will be released and transition into community-based treatment; and
- d. BHA may continue SUD treatment services with individuals who were engaged in community-based treatment prior to their incarceration with the intent to provide continuity of care and continue the outpatient treatment episode toward completion.

'Hardship Insured' and 'No Insurance' Exception

All treatment services and treatment support services may be provided under this exception. Two (2) conditions must be met for a CJTA-eligible individual to qualify as either 'Hardship Insured' or 'No Insurance':

- a. Not Medicaid-eligible; and
- b. Monthly income does not exceed 220% of federal poverty level.

Insurance Coverage

- a. Document whether the individual has insurance or not;
- b. For those with insurance, determine their deductible and co-pay obligations; and
- c. For those without insurance and who do not meet any of the federal exemptions (see below), provide information on how to obtain insurance through the Washington Health Plan Finder and encourage the individual to apply for insurance.

Federal Exemptions include an individual who:

- a. Is uninsured for only one (1) or two (2) consecutive months of the year;
- b. The lowest-priced coverage available through an individual or job-based plan would cost more than eight percent (8%) of the household income;
- c. Does not have to file a tax return because income is below the required filing level;
- d. Is a member of a federally recognized Tribe or eligible for services through an Indian Health Services provider;
- e. Is a member of a recognized health care sharing ministry;
- f. Is a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare; or
- g. Is serving a term in prison or jail and not being held pending disposition of charges.

To provide the Hardship/No Insurance Exception:

- a. Have the individual sign a BHA Hardship/No Insurance agreement attesting payment for insurance, deductibles, or co-pays is a financial hardship. Retain documentation for audit purposes.
 - i. For the Hardship Insured, the individual is verifying they have insurance but cannot afford the co-pays and deductibles based on their current income; or
 - ii. For No Insurance, the individual is signing the agreement they do not have insurance.
- b. Quarterly verification is required for a continued exception:
 - i. Verify the status of wages/income to determine if the person can contribute to the cost of co-pays or deductible; and
 - ii. Verify whether the individual obtained insurance and has the ability to pay the cost of co-pays or deductibles.
- c. For each month the exception is valid, enter encounters into the North Sound CIS with modifier HZ which indicates CJTA.