

**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
ADVISORY BOARD MEETING**

**North Sound Mental Health Administration  
Conference Room  
117 North First St., Suite 8  
Mt. Vernon, WA 98273  
September 2, 2003  
1:00 PM**

**Agenda**

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of June 2003 Minutes, Chair – 5 minutes
4. Comments from the Public
5. Correspondence and Comments from the Chair – 5 minutes
6. Unfinished Business
  - a. Executive Director's Report - Chuck Benjamin – 5 minutes
  - b. Finance Committee – Mary Good – 5 minutes
  - c. Strategic Plan Committee – Janet Lutz-Smith
  - d. Activities and Liaison Committee
    - i. Site Visitations for 2003
    - ii. Consumer-Run Projects-County Reports
  - e. QMOC Report – Mary Good – 5 minutes
7. Items To Be Brought Forward To The Board of Directors – Marcia Gunning, Contracts Compliance & Financial Services Manager
  - a. Consent Agenda
8. New Business - 10 minutes
9. Comments from County Advisory Board Representatives – 15 minutes
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish
  - e. Whatcom

10. County Coordinator Report

11. Comments from Public – 5 minutes

12. Other Business

a. Request for Agenda Items

13. Adjournment

**NOTE:** The next Advisory Board meeting will be October 7, 2003, at the NSMHA Conference Room, 117 N. First Street, Suite 8, Mount Vernon.

**North Sound Mental Health Administration  
MENTAL HEALTH ADVISORY BOARD  
July 1, 2003**

**Present:** Chair Janet Lutz-Smith, Mary Good, Tom Richardson, Marie Jubie, John Patchamatla, Jim King, Patricia Little, Joan Lubbe, Chris Walsh  
**Absent:** Kay Day, James Vest, Dean Stupke, Janet Kloc  
**Excused:** Ian Brooks, Jack Bilsborough, Beverly Porter  
**Staff:** Chuck Benjamin, Sharri Dempsey, Greg Long, Annette Calder, Melissa DeCino, Shari Downing, Wendy Klamp, Chuck Davis, Shirley Conger  
**Guests:** Bob LeBeau, Nancy Jones, Gail Barron

**MINUTES**

TOPIC	DISCUSSION	ACTION
<b>CALL TO ORDER, INTRODUCTIONS</b>		
Chair Lutz-Smith	Chair Lutz-Smith convened the meeting at 1:12 p.m. and welcomed those present. Chair Lutz-Smith welcomed new member Patricia Little to the Advisory Board. Chair Lutz-Smith shared an inspirational reading with the group.	Informational
<b>REVISIONS TO THE AGENDA</b>		
Chair Lutz-Smith	None.	
<b>APPROVAL OF MINUTES</b>		
Chair Lutz-Smith	Jim King stated that he didn't ask about transportation he answered. Jackie Henderson asked the question motion to approve as corrected, seconded, all in favor, <b>Motion carried.</b>	Unanimous approval
<b>COMMENTS FROM THE PUBLIC</b>		
Shirley Conger	Shirley Conger, NSMHA Ombuds reminded the group that the poster contest judging would take place next week after the Board of Directors meeting and encouraged all to come and vote. She further stated that the Ombuds quarterly report would be given at the next meeting.	Informational
Chuck Davis	Chuck Davis, NSMHA Ombuds addressed the Advisory Board regarding why we are all here and shared a story about one of his first clients after he became an Ombuds.	Informational

## **CORRESPONDENCE AND COMMENTS FROM THE CHAIR**

Chair Lutz-Smith      Chair Lutz-Smith stated that the NSMHA Advisory Board had planned to hold their August meeting in San Juan County. Due to the San Juan County Mental Health Advisory Board canceling their August meeting we are unable to hold ours there. The August meeting of the NSMHA Advisory Board has been cancelled.

The August Advisory Board meeting has been cancelled.

## **UNFINISHED BUSINESS**

Chuck Benjamin      **Executive Director's Report**

Mr. Benjamin stated there is a host of things we continue to work on: MHD Contract 2003-2005, the Governor vetoed the 10% administration spending cap on RSN's and provided some background for the group on how this will impact the North Sound Mental Health Administration. Over two years, it is estimated to be a six million dollar increase.

Informational

Chuck said the NSMHA has begun working on the Access to Care Standards.

He informed the Advisory Board that NSMHA has a vacancy in the Office Manager/Executive Secretary position and we are taking time to evaluate the needs of the organization before filling the position. Chuck commended NSMHA Support Staff for their hard work and pulling together to make sure our work is done.

Chuck noted that Dave Kludt of APN has accepted a job at MHD and will be leaving in the next couple of weeks. We will miss him.

Chuck commended OCA for their hard work. He also commended this Advisory Board for using funds to support selves, consumers and advocates to attend functions such as the Behavioral Healthcare Conference.

The Integrated Quality Management Process had a joint meeting of Management Council and Quality Management Committee to address needs of this Region. Chuck is getting good feedback from providers about this process and how it will improve our system. The NSMHA Management Council will have its first meeting August 1<sup>st</sup>.

Marcia Gunning is progressing with Rehabilitation and the NSMHA is in discussions with her physician to see how to meet her needs so she can return to work.

Mary Good	<p><b>Finance Committee Report</b></p> <p>Mary stated the finance committee met this morning and is recommending approval of the expenditures for the month of May to the Board of Directors. She passed around a copy of the expenditures for the members to review. A motion was made and seconded to recommend approval of the expenditures to the Board of Directors, all in favor, <b>motion carried.</b></p>	<p><b>Motion approved</b> recommending approval of May expenditures to the NSMHA Board of Directors.</p>
Sharri Dempsey	<p>Sharri Dempsey recommended the Advisory Board plan a trip to NAMI Conference and approve scholarships for the conference. Sharri will mail the NAMI registration brochure to the Advisory Board once received and will book rooms and transportation. A motion was made to support scholarships for the NAMI conference, seconded, all in favor, <b>motion carried.</b></p>	<p><b>Motion approved unanimously</b> for scholarships for the NAMI Conference.</p>
Mary Good	<p>The committee recommended childcare be provided for Advisory Board members with children. A proposal will be brought to the Board at the September meeting.</p>	<p>Informational</p>
	<p>The minutes of the last finance committee meeting were approved as written.</p>	<p>Minutes of last Finance Committee were approved</p>
Chair Lutz-Smith	<p><b>Strategic Plan Committee</b></p> <p>Chair Lutz-Smith said the Strategic Plan Committee met this morning and reviewed activities at the NSMHA, children's issues at Fairfax and a contract between NSMHA and Fairfax has been approved signed by both parties.</p>	<p>Informational</p>
Greg Long	<p>Greg Long stated the NSMHA is paying to cover some additional administrative services for Fairfax and in return they are reporting additional information to us. Brief discussion followed.</p>	<p>Informational</p>
Chair Lutz-Smith	<p><b>Activities and Liaison Committee</b></p> <p>A training provided at the Village in Long Beach, California on September 15, 16, and 17, is coming up and informed folks that if they are interested in attending the training to let her know.</p> <p>Chair Lutz-Smith spoke about the DSHS Integration Project going on in Whatcom County and is looking forward to seeing what the outcome will be.</p>	<p>Informational</p>
Sharri Dempsey	<p><b>Site Visitations for 2003</b></p> <p>Sharri said a site visit is planned for going to the Tulalip Tribes Behavioral program on August 23<sup>rd</sup>, 2003</p>	<p>Informational – all suggestions for site visits need to be given</p>

to Sharri Dempsey.

NAMI Conference in September

Sharri asked for suggestions of what site visits the Advisory Board would like.

Mary Good asked when the Recovery Conference was being held. Sharri stated it is usually held in conjunction with the December Board of Directors meeting.

Chris Walsh asked about a trip to Western State Hospital.

**Consumer Oriented Projects**

Nancy Jones

Nancy stated Snohomish County has nine projects in the contract phase right now, and provided a brief description of the projects. These nine projects use most of the money allotted to Snohomish County and any remaining dollars will go to the Snohomish County Mental Health Advisory Board.

Informational

Chuck Benjamin

Chuck Benjamin provided an update on this project and the contracting process.

Tom Richardson

Tom Richardson asked for a summary report on how these projects are going in each county. He would like to have a pre-meeting presentation on the Consumer Oriented Projects.

Pre-meeting presentations will be scheduled for updates on these projects.

Mary Good

**QMOC Report**

Mary provided the committee with an overview of QMOC activities for the month of June. The July 16<sup>th</sup> meeting of QMOC has been cancelled. The next meeting will take place on August 20<sup>th</sup>, 2003.

Informational

Chair Lutz-Smith said the Advisory Board still needs more representation on QMOC.

Chuck Benjamin said that the workgroup QMOC formed will be looking at membership and purpose and would like to have more consumers and advocates, with less providers and NSMHA staff.

**ITEMS TO BE BROUGHT FORWARD TO THE BOARD OF DIRECTORS**

**Consent Agenda**

Chuck Benjamin

None

**Action Items**

Tom Richardson

Tom Richardson stated that he feels all of these items could have been put on the consent agenda and the Executive Committee of the Advisory Board, could

5 for, 2 opposed, 1 abstention, **motion carried.**

recommend if any consent agenda items should be pulled for whatever reason. Tom made a motion that all items subject to action by the Advisory Board be drafted for consent agenda by NSMHA staff, then subject to approval by the Advisory Board Executive Committee, and finally brought to this Board. The simplified process would require only one vote for all items. Motion seconded, all in favor, **motion carried.**

**Emergency Action Items**

Chuck Benjamin

NSMHA-DDD Contract – no significant changes are anticipated. Chuck stated \$368,370 total motion to approve, seconded and motion carried.

8 for, 1 abstention,  
**motion carried.**

Contract # 0361-27515 with DSHS and NSMHA for Expanded Community Services (ECS) Phase VI program eligible residents relocating from Western State Hospital. ECS Phase VI - \$657,900 – contract July 1, 2003 - June 30, 2005 Motion to approve, seconded and motion carried.

8 for, 1 abstention,  
**motion carried.**

Contract # 0269-09037 Amendment 02 with DSHS Develop and circulate a minimum of three (3) video tapes for training staff at assisted living centers and supervised living homes regarding individualized care to older adults with mental illness and adults with physical disabilities and mental illness. (Copies of these tapes will be provided to DSHS that remains proprietary rights and may distribute to other parties). Training and development costs associated with the startup of Whatcom Crisis Triage Center. Fees and related expenses for consumers, advocates, administrators, and clinicians to attend immersion training at the Village program in Long Beach, California. Funding is increased by \$33,352. Motion to approve, seconded and motion carried.

8 for, 1 abstention,  
**motion carried.**

NSRSN-APN-ECS-02 Amendment 03 This amendment will continue funding the current fifteen (15) ECS slots. The rate for July 2003 is \$54,234. The rate for August 2003 to December 2003 is \$54,368 per month. This will provide a minimum of 15x184 ECS days. Maximum consideration for this amendment shall be \$326,074 in State ECS funds. Motion to approve, seconded and motion carried.

8 for, 1 abstention,  
**motion carried.**

**Introduction Items**

Chuck Benjamin

NSMHA/APN Service Providers Children's Inpatient Reduction Proposals approved by the Board of Directors on June 12, 2003 by motion #03-031, total amount of \$495,010. Chuck asked for support of this Board action by this Advisory Board.

Motion to support the Board of Directors action on this, seconded and **motion carried unanimously.**

Tom Richardson	Tom Richardson asked what the proof of dedication would be. He also asked how we will know if they were diverted? How would we know if it was cheaper to divert?	NSMHA to follow up on comparison data for children's services.
Chuck Benjamin	Chuck said the proof of the dedication is new services have been started. There will be regular meetings where the status in progress of each proposal will be reviewed. We will be monitoring through our Utilization Management comparing the inpatient stays for children against the last two years. Compass Health South has built in some sort of scientific proposal of tracking services for children diverted to the pilot program and children in our current mental health system. Compass is going to track both groups as to the services they are being provided, their outcomes and looking at inpatient stays within both groups. We may be able to come out with some evidence-based practices that we can promote within the Region. Tom referenced contracts in Whatcom County, specifically one with Catholic Community Services and asked if we had any comparison data associated with that one. Chuck stated Compass Health is the only agency that has submitted a mechanism to view that type of a study. We could look at seeing if we could present something to compare data. Tom stated we needed that data to come back to us at some time to see if this program is working. Chuck feels this is an excellent suggestion and we will follow through with it. More discussion followed.	
Greg Long	Greg Long introduced the Improving Services to Underserved Populations in the North Sound Region, during a pre-meeting presentation made to this Board today.	An informational presentation was made.
Chuck Benjamin	Chuck introduced the amended Community Mental Health Services Contract between NSMHA and APN This provided in accordance with the Board of Directors approved Public Mental Health System Review. BOD approved on April 10, 2003, Motion # 03-020. This will add Exhibit "A" and amend the existing contract taking out all references to Quality Management.	
	Line item transfer in the NSMHA 2002 operating budget \$10,600 from Administrative Budget Professional Services to the Office Machinery and Equipment. Budget is over due to updating hardware of the IS system and purchasing locking fireproof	

cabinets for HIPAA compliance.

Raintree going live on July 7<sup>th</sup>, transfer of data into Raintree system is going on right now.

## NEW BUSINESS

None

## COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES

Island Patricia Little	Patricia Little didn't have anything new to report, as she is new to the Island County Advisory Board as well as this one.	Informational
San Juan	No representative present.	Informational
Skagit Joan Lubbe	The Skagit County Mental Health Advisory Board has not met since our last meeting. Skagit has a lot in the works right now. Chuck Davis suggested if consumers are at local advisory board meetings complaining they should be encouraged to contact NSMHA Ombuds.	Informational
Snohomish Marie Jubie	Marie informed the Board of a meeting with Sno Track, special transportation that she attended. She also worked on the Snohomish County Code. This will be a long process. Updates provided on the Consumer Oriented projects. Had a joint advisory workgroup meeting, trying to figure how to improve and streamline things. She really enjoyed going to the Behavioral Healthcare Conference. Marie feels psychiatric professionals sometimes promote stigma by not including consumers. Brief discussion about how to bring this to the attention of MHD and the Washington Mental Health Council in a good way. Motion for Marie to write a letter to Karl Brimmer re: inclusion of people with psychiatric disabilities in the Behavioral Healthcare Conference, seconded, all in favor, <b>motion carried</b> .	Informational  <b>Motion approved</b> for Marie to write a letter to Karl Brimmer of MHD and bring back to this Board for approval to send.
Whatcom	Tom Richardson said he would address this under request for agenda items.	Informational

## COUNTY COORDINATOR REPORT

Nancy Jones	Nancy Jones addressed the Advisory Board regarding CDMHP designation and standardization and protocols across counties, and also how to undesignated MHPs. Discussion followed.  Nancy also discussed employment and how developmental disabilities have approached it versus mental health.	Informational
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County Coordinators will start moving their meetings on a monthly basis rather than having all of them at the NSMHA.

### **COMMENTS FROM PUBLIC**

Greg Long                      Greg stated the handout on the Village Immersion Training is available if anyone is interested and they can contact Sharri Dempsey or Chair Lutz-Smith.                      Informational

Gail Barron                      Gail addressed the committee on how important these meetings are and she really appreciates the support, friendship and learning she has received since attending these meetings.

Greg Long                      Greg said that we are really lucky coming out of this legislative session and that is due to the hard work of everyone contacting his or her legislators, representatives, etc.

### **OTHER BUSINESS**

John Patchamatla                      John asked Chuck if he had an opportunity to talk to any of the Board of Directors about participating in the Advisory Board meetings. Chuck stated that he had spoken with Dave Gossett, who regretted not being able to be here due to prior commitments. Chuck stated that this would be a discussion item for the next Board of Directors meeting.                      Chuck will take this request to the next Board of Directors meeting.

Marie Jubie                      Thanked Sharri for taking the Advisory Board to the conference.

Chuck Benjamin                      Chuck thanked the entire staff for picking up extra work due to staff illnesses, vacated positions, contracting process, etc. He said the NSMHA staff is doing a phenomenal job and wanted to recognize and show his appreciation of their hard work and commitment.

Tom Richardson                      **Request for Agenda Items**  
Review of procedural options for ensuring a timelier and taxpayer friendly process of psychiatric evaluations by WSH (or other agency) of jail inmates.                      Informational

### **ADJOURNMENT**

Chair Lutz-Smith                      Adjourned at 2:48

## MEMORANDUM

DATE: August 12, 2003

TO: NSMHA Advisory Board

FROM: Marcia Gunning  
Contracts Compliance & Financial Services Manager

RE: September 11, 2003 NSMHA Board of Director's Agenda

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Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the September 11, 2003 NSMHA Board Meeting. Please note that at the request of NSMHA's Advisory Board, this memo has undergone restructuring. Items to be brought to the Board will not be listed as 1. Action Items, 2. Items Not Yet Reviewed by the Advisory Board, or 3. Emergency Action Items. All items will now be listed under the heading Consent Agenda.

### CONSENT AGENDA

1. To authorize NSMHA Executive Director to enter into contract 0369-29684 between NSMHA and DDD effective 7/1/03 to 6/30/05. Maximum consideration shall not exceed \$736,739.76.

*This contract continues the Department of Social and Health Services Division of Developmental Disabilities (DDD) and Mental Health Division Collaborative Work Plan – improve short-term, episodic crisis prevention, interventions and stabilization mental health services to registered DDD clients. Via this contract DDD is purchasing enhanced services for DDD clients. The funding breaks down as follows:*

*Crisis stabilization services = 19,099.42/month = \$458,386.08/biennium*

*Medication monitoring = \$5,380.16/ month = \$129,123.84/biennium*

*Psychiatric/medication consultation services = \$6,217.91/month = \$149,229.84/biennium*

2. To authorize NSMHA Executive Director to enter into contract NSRSN-APN-DDD-02, Amendment 3, between NSMHA and APN effective 7/1/03 to 6/30/05. Maximum consideration of this Amendment shall not exceed \$716,699.76.

*This contract continues the Department of Social and Health Services Division of Developmental Disabilities (DDD) and Mental Health Division Collaborative Work Plan – improve short-term, episodic crisis prevention, interventions and stabilization mental health services to registered DDD clients. Via this contract DDD is purchasing enhanced services for DDD clients.*

3. To authorize NSMHA Executive Director to enter into contract NSRSN-VOA-DD-Crisis-02, Amendment 02, between NSMHA and Volunteers of America effective 7/1/03 to 6/30/05. Maximum consideration of this Amendment shall not exceed \$20,040.

*This contract continues the Department of Social and Health Services Division of Developmental Disabilities (DDD) and Mental Health Division Collaborative Work Plan –*

*improve short-term, episodic crisis prevention, interventions and stabilization mental health services to registered DDD clients. Via this contract DDD is purchasing enhanced services for DDD clients.*

4. To authorize NSMHA Executive Director to enter into Crisis Services Consultation Contract for NSMHA's WCPC project. Maximum consideration shall not exceed \$20,000.
5. To approve Consumer to Provider Training Program request that NSMHA Advisory Board pay \$9.04 per hour for J. Marsh's 300-hour internship at the Rainbow Center as a Behavioral Health Specialist Aid. Maximum consideration will not exceed \$2,712. Internship start date is August 25, 2003.
6. To introduce NSMHA Revised Complaint and Grievance Policy
7. To introduce NSMHA revised Critical Incident Policy
8. To introduce North Sound Mental Health Administration Administrative, Fiscal and Quality Assurance/Improvement Contract Compliance Monitoring Policy and Procedure.
9. To introduce NSMHA Advisory Board Financial Policies & Procedures. These P & P's originally approved by Board of Directors in 2001 have been modified to include Child Care as a reimbursable expense when Advisory Board Members, Advocates and Consumers need child care in order to participate/attend Advisory Board Meetings, Board of Director Meetings and/or organized NSMHA activities requesting/requiring their presence/participation.

If you have any questions or concerns you would like to discuss prior to the meeting, please do not hesitate to contact me.

cc: NSMHA Board of Directors  
County Coordinators  
NSMHA Management Team



**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-VOA-DDD-Crisis-02  
Amendment (2)**

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and Associated Provider Network (APN) is hereby amended as follows:

3. Term: The term of this Agreement shall be modified to be in effect July 1, 2001 and shall continue in full force and effect through June 30, 2005.
4. Maximum consideration of this Amendment shall now exceed \$20,040. Maximum consideration for the entire term of this Agreement shall not exceed \$40,080.

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-VOA-DDD-CRISIS-02 THROUGH AMENDMENT ONE (2) ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

NORTH SOUND MENTAL HEALTH  
ADMINISTRATION

VOLUNTEERS OF AMERICA

\_\_\_\_\_  
Charles R. Benjamin,                      Date  
Executive Director

\_\_\_\_\_  
Gil Saparto,                                      Date  
Executive Director

Approved as to Form for NSRSN:  
Basic Form approved by Eugene H. Knapp, Jr. 9/22/99  
Attorney at Law                                      Date

**AGREEMENT FOR PROFESSIONAL SERVICES**  
**Agreement #NSMHA-**

Whereas, North Sound Regional Support Network, dba North Sound Mental Health Administration (hereinafter "client") wishes to engage \_\_\_\_\_ (hereinafter "consultant") to render professional \_\_\_\_\_, the following agreement for \_\_\_\_\_ is hereby made:

See attached Emergency Crisis Intervention Services Scope of work (Exhibit A).

1. Client agrees to reimburse Consultant \$\_\_\_\_\_, for consultation services as described in attached Exhibit A and for actual travel and meal expenses incurred while performing the expectations outlined in Exhibit A.
2. Travel expenses will be reimbursed per the following:
  - Meal Limits – Breakfast \$8; Lunch \$10; Dinner \$18.
  - Mileage when using personal car at \$.36 per mile.
  - Lodging – Actual expense at single room rate.
3. Failure to submit an invoice by the tenth (10th) may delay payment for one (1) month.
  - Contractor shall submit all requests for reimbursement to:  
 North Sound Mental Health Administration  
 Attn.: Finance Manager  
 117 North 1<sup>st</sup> Street, Suite 8  
 Mount Vernon, WA 98273-3806
4. Maximum Consideration for the term of this Agreement shall be:  
 Consultation, Recommendations and Final Report.....\$.  
 Travel, Lodging and Meals .....

MAXIMUM CONSIDERATION SHALL NOT EXCEED \$20,000.

This Agreement shall take effect August \_\_, 2003 thru October \_\_, 2003.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_  
 CHARLES R. BENJAMIN, Executive Director  
 North Sound Mental Health Administration  
 117 North 1<sup>st</sup> Street, Suite 8  
 Mount Vernon, WA 98273

\_\_\_\_\_  
 Name & title  
 Name of organization if appropriate  
 address  
 city/state and zip

Approved as to form: 1/24/01  
 Bradford E. Furlong, Attorney At Law

Phone: (\_\_\_\_) \_\_\_\_\_  
 EIN or Soc Sec #: \_\_\_\_\_

## EXHIBIT A

### **Whatcom Counseling and Psychiatric Clinic/North Sound Mental Health Administration Consultation Project**

The consultation requested by the North Sound Mental Health Administration (NSMHA) is for Whatcom Counseling and Psychiatric Clinic (WCPC), Bellingham, WA and the NSMHA. The goal of the consultation is to obtain an independent review of WCPC and the Emergency Crisis Services Department that will lead to the improvement of crisis services for Whatcom County.

The consultation project is planned in two phases: The purpose of phase I of this project is to assess WCPC organizational structure and leadership capabilities in being able to deliver legally and administratively compliant, high quality emergency crisis intervention services. Phase II. is contingent on the findings of Phase I and will focus more specifically on improving the delivery of emergency crisis intervention services. A consultant may bid on either the first, second or both phases of this project.

The term “emergency crisis intervention services” includes voluntary and involuntary crisis services in this project.

#### **Phase I- Assessment of the Agency and the Emergency Crisis Intervention Services Department current management structures and administrative processes.**

The assessment phase will review the overall Agency and Emergency Crisis Intervention Services Department management structures and administrative processes and leadership at Whatcom Counseling and Psychiatric Clinic including the following:

- 1) Review of currently available WCPC and community information as determined necessary by the consultant. The consultant is encouraged to utilize available data from WCPC, NSMHA, Mental Health Division, and any other source deemed appropriate.
- 2) Interviews with selected individuals to include WCPC management and staff, WCPC board members, local police and sheriff representative, St. Joseph Hospital Emergency Room and Inpatient staff and community representatives. The interviews may be conducted on-site or by telephone as necessary to meet the project timetable. The interviews will utilize a questionnaire, which is mutually agreed to by the consultant and the NSMHA.
- 3) Discussions with identified and appropriate Whatcom County, NSMHA and MHD representatives.
- 4) Development of information, analysis of findings and preparation of a draft report including recommendations regarding organizational and departmental capabilities, administration and any other changes.

Consultation for Phase I will be limited to a maximum of 70 hours unless NSMHA extends those hours at its sole discretion to complete the assignment as indicated above. Whatcom Counseling and Psychiatric Clinic will be required to provide requested materials, access to staff and information in a timely manner.

Phase I deliverables will include:

- Crisis Services Analysis including assessment of agency's ability to manage this service in accordance with NSMHA contract, WAC, RCW, other MHD as well as CMS expectations
- A summary report including findings and recommendations based on the analysis and assessment detailed above
- Any other relevant documentation

**Phase II- Implementation of Phase I recommendations and quality improvement of emergency crisis intervention services operations.**

The Performance Improvement phase is to improve emergency crisis intervention services at Whatcom Counseling and Psychiatric Clinic including the following:

- 1) Review of currently available WCPC and community information as determined necessary by the consultant. The consultant is encouraged to utilize available data from WCPC, NSMHA, (including Phase I consultation data) and the Mental Health Division.
- 2) Review of current structure, organization, policies, procedures and protocols of Whatcom Counseling and Psychiatric Clinic relating to emergency crisis intervention services.
- 3) Discussions with identified and appropriate WCPC, Whatcom County, NSMHA and MHD representatives.
- 4) Analysis of findings, development of information, and preparation of implementation of a corrective action plan to ensure agency's ability to provide emergency crisis intervention services in accordance with NSMHA contract, RCW, WAC and other MHD expectations.
- 5) Oversight of the implementation of the initial implementation of the corrective action plan.

Consultation for Phase II will be limited to a maximum of 80 hours unless NSMHA extends those hours at its sole discretion to complete the assignment as indicated above. Whatcom Counseling and Psychiatric Clinic will be required to provide requested materials, access to staff and information in a timely manner.

Phase II deliverables will include:

- Crisis Services Analysis
- A summary report including findings, recommendations, and improvements made during this phase based on the analysis, findings and recommendations of both Phase I and II of this project.
- Any other relevant documentation

**Effective Date: June 27, 2002**  
**Revised Date: April 14, 2003**  
**Revised Date:**

**North Sound Mental Health Administration**  
**POLICY**

**Cancels: POL-102**  
**See Also: PRO-102A.01, PRO-102B.01, PRO-102C.01**

**APPROVED by: Board of Directors**  
**Motion # 02-022**

**POL-102.01 COMPLAINT, GRIEVANCE, APPEAL, AND FAIR HEARING POLICY**

It is the policy of the North Sound Mental Health Administration (NSMHA) to resolve complaints, grievances and appeals at the lowest possible level, in a confidential manner and without retaliation. The NSMHA policy is to resolve or rule upon, if necessary, consumers (*see definition of "consumer" below*) complaints and grievances honoring consumer's voice, choice, and rights while considering most effective clinical practices, medical necessity, laws, and federal/state/and RSN contractual requirements.

Although the NSMHA encourages the resolution of complaints, grievances, and appeals of service determinations at the lowest possible level, consumers may initiate a grievance or appeal with the NSMHA without first utilizing the complaint process. Consumers may file for fair hearing without first utilizing the complaint, grievance, or appeal process. When a consumer wishes to request disenrollment from the prepaid health plan for good cause they must first utilize the Grievance Process (PRO 102B.01) included in this NSMHA complaint and grievance policy. (*For information about Disenrollment see North Sound Mental Health Administration Disenrollment Policy 103*). The Privacy Officer will be informed of any complaint that relates to NSMHA Privacy practices. The Privacy Officer will document all Privacy complaints received and their disposition.

1. Consumers will be informed of their right to initiate a complaint, grievance, appeal, or request a fair hearing. This policy will be published and made available to all current and potential users of publicly funded mental health services, and advocates in language that is clear and understandable to the individual. The NSMHA Notice of Privacy Practices will contain a statement that individuals may complain to the NSMHA and to the Secretary of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the covered entity, and a statement that the individual will not be retaliated against for filing a complaint.
2. Consumers will receive written notification of all service determinations, the criteria used to make the determinations, and the steps to appeal these determinations.
3. Consumers may have participation of others at their choice throughout the process.
4. Current services will continue while complaints, grievances or appeals or fair hearings are in progress.

5. Confidential ombuds services are available to assist consumers, toll free, at 1-888-336-6164. Ombuds services will be offered to assist consumers at all levels of this process.
6. Interpreter services, TTY/TDD, and mental health specialists are available throughout the process to ensure culturally competent processes.
7. Complaints will be handled in a confidential manner.
8. There will be no retaliation or punitive action of any kind against a consumer who initiates a complaint, grievance, appeal, or request for fair hearing. Ombuds, provider, and NSMHA staff are available to assist if concerns about retaliation occur.
9. Aggregate information about types of complaints, grievances, appeals, and fair hearing requests will be used to analyze trends and identify areas for quality improvement.
10. The following definitions will apply to the entire Policy 102.01, and Procedures 102A.01, 102B.01, and 102C.01.

## **CONSUMER**

“Consumers” include persons who have applied for, are eligible for, are enrolled in, or who have received publicly funded mental health services from the NSMHA service network. The definition of “consumers” also includes parents or legal guardians for children under the age of thirteen, and parents or legal guardians who are involved in the treatment plan for children 13 and older.

Family members or other interested parties can also utilize this process. An authorization will be needed from the consumer to share Protected Health Information to the family member or other interested party. Throughout the policy, the term “consumer” will be used to describe the above groups.

## **COMPLAINT**

A **complaint** is a verbal or written statement by a consumer that expresses dissatisfaction with some aspect of services covered under the NSMHA PHP Program Agreement, including Service Provider, Primary Care Provider, Provider Network, or Contractor.

Complaints may involve dissatisfaction with service determinations or the *initial appeal* of any denial, termination, suspension, or reduction of services to include the following actions:

1. The denial or limited authorization of a requested service, including type of service,
2. The reduction, suspension or termination of a previously authorized service,
3. The denial in whole or in part, of payment for a service,
4. The failure to furnish or arrange for a service or provide payment for a service in a timely manner.

## **GRIEVANCE and APPEAL**

A **grievance** is a written request by a consumer that a complaint be heard and ruled upon by the North Sound Mental Health Administration (NSMHA), usually undertaken after attempted resolution of a complaint fails.

An **appeal** is a kind of grievance that involves a written request to the NSMHA to appeal service determinations or any denial, termination, suspension, or reduction of services to include the following actions:

1. The denial or limited authorization of a requested service, including type of service,
2. The reduction, suspension or termination of a previously authorized service,
3. The denial in whole or in part, of payment for a service,

4. The failure to furnish or arrange for a service or provide payment for a service in a timely manner.

### ***FAIR HEARING***

A **Fair Hearing** is a hearing conducted through the auspices of the state Office of Administrative Hearings in accordance with WAC 388-02. The term “administrative hearing” is synonymous with fair hearing.

### **PROVIDER**

A **provider** is any NSMHA contracted service provider.

### **PROVIDER NETWORK**

Refers to the NSMHA contracted provider network’s highest level of administration

### **DAY**

Throughout this policy, the word “**day**” is defined as a calendar day, unless otherwise specified.

## **REFERENCES and ADDITIONAL REQUIREMENTS**

*45 CFR Health Insurance Portability and Accountability Act (HIPAA), Washington Administrative Code (WAC) 388-865-0250, 388-865-0255, 388-865-0340, 388-865-0410, and 388-02. Code of Federal Regulations (CFR) 42 CFR 434.32, 42 CFR 434.32 (b), The Medicaid Waiver and renewal, and the RSN PHP Program Agreement between The State of Washington Department of Social and Health Services (DSHS) and the North Sound Mental Health Administration (NSMHA) or their successors.*

The North Sound Mental Health Administration, providers, and provider networks shall comply with all requirements outlined in the North Sound Policy and in references cited above. The providers and provider networks Complaint and Grievance Policies will be congruent with the NSMHA Policy.

*The providers, provider networks, and ombuds will comply with methods to collect information for quality improvement efforts and to assist the NSMHA in complying with reporting requirements. The provider networks, providers and ombuds will submit semi-annual reports in compliance with NSMHA and MHD timelines using attachment A or its successors.*

Consumers shall receive, upon request, written recipient information and/or documentation. The NSMHA, providers, provider networks, or Ombuds shall not charge for the first 100 pages of copying, and may charge a maximum of ten cents per page thereafter. Additional administrative costs such as staff time in preparation of copies or supervision of the record review are prohibited.

Full records of complaints and grievances will be kept for six years after completion of the process in confidential files separate from clinical records. These records will not be disclosed without the consumer’s written authorization, except as necessary to resolve the grievance or to DSHS if a fair hearing or disenrollment

is requested. Complaint and grievance records maintained by the NSMHA are included in our defined designated record set.

Effective Date: June 27, 2002

Revised Date: April 14, 2003

Revised Date:

**North Sound Mental Health Administration  
PROCEDURE**

Cancels: PRO-102A

See Also: POL-102.01, PRO-102B.01, PRO-102C.01

APPROVED by: Board of Directors  
Motion #02-022

**PRO-102A.01 INITIATING AND RESPONDING TO COMPLAINTS**

This procedure outlines the process for complaints that involve;

- A. Services provided by direct service providers,
- B. Services provided directly by provider networks or
- C. Services provided directly by the NSMHA.

**A. For complaints that involve direct service providers:**

Action by

Action:

**Consumer**

- 1. Initiates** complaint either verbally or in writing to:
  - a. Primary care provider or other staff within the agency

**Or**

  - b. The identified complaint contact within the agency

**Or**

  - c. Ombuds services

***IF complaint is initiated with NSMHA or  
County staff:***

NSMHA and Counties typically **triage** to the provider  
and/or ombuds services,

**Or**

**May**, on occasion follow up on complaints

**Provider**

- 2. Offers** Ombuds services to the consumer for assistance, unless the complaint was initiated through Ombuds.
- 3. Assures** staff with the authority to require corrective action **participates** in the process **and offers** a face-to-face meeting with consumer to discuss the complaint.
- 4. Documents** all complaints, including the date of receipt, actions taken, resolution, and date of resolution.

**5. Resolves** complaint to consumer satisfaction within 30 days of receipt of complaint,

**OR**

**Mails** the consumer and NSMHA a written response within 30 days of receipt of the complaint, in the event the consumer is ***not*** satisfied with the resolution. The response will include:

- a. The reason for the decision
- b. Right to pursue a grievance or appeal with the NSMHA

**6. Arranges** for staff with the authority to assure implementation of agreements to **provide** follow-up.

*⇒ If consumer is satisfied with the resolution of the complaint, process stops here:*

**OR**

*⇒ If consumer is not satisfied with the resolution of the complaint they may skip to step 7*

---

**B. For complaints that involve services provided directly by a provider network:**

*⇒ If complaint is about services provided directly by a provider network,*

**Provider Network**

**1. Offers** Ombuds assistance

**2. Offers** a face-to-face meeting with consumer to discuss the complaint.

**3. Provides** a written response, with a copy to the NSMHA within 30 days of receipt of complaint. Written response will include:

- a. Reason for decision
- b. Right to pursue a grievance or appeal with the NSMHA

**4. Provides** follow up to assure implementation of agreements.

*⇒ If consumer is satisfied with the resolution of the complaint, the process stops here.*

**Or**

*P If consumer is dissatisfied with the results of the complaint process, they may skip to step 7.*

---

**C. For complaints that involve services provided directly by the NSMHA:**

*P If complaint is about services provided directly by the NSMHA,*

**NSMHA**

**1. Follows** steps B1 through B4 above. . The Privacy Officer will be informed of any complaint that relates to NSMHA Privacy practices. The Privacy Officer will document all Privacy complaints received and their disposition.

*P If consumer is satisfied with the resolution of the complaint, the process stops here.*

**Or**

*P If consumer is dissatisfied with the results of the complaint process, they may*

**Consumer**

**7. Initiate** a grievance or appeal (see PRO 102B.01) with the NSMHA, or request a fair hearing. (See PRO 102C.01)

Effective Date: June 27, 2003  
Revised Date: April 14, 2003  
Revised Date:

North Sound Mental Health Administration  
**PROCEDURE**

Cancels: PRO-102B  
See Also: POL-102.01, PRO-102A.01, PRO-102C.01

APPROVED by: Board of Directors  
Motion #02-022

**PRO-102B.01 INITIATING AND RESPONDING TO GRIEVANCES AND APPEALS**

Action by

Action:

**Consumer**

1. **Initiates** a grievance or appeal in writing with:
  - a. Ombuds service
  - Or**
  - b. Directly with the NSMHA

**NSMHA**

2. **Offers** assistance from Ombuds services to:
  - a. Clarify whether or not the issue is a grievance or appeal,
  - b. Assist in putting request in writing, and
  - c. Facilitate the process with the consumer.
3. **Acknowledges** (*may be by telephone*) receipt of the grievance or appeal the following business day.
4. **Mails** written acknowledgement within 5 business days of receipt.

*P If grievance or appeal involves request for disenrollment,*

**Provides** written notification on the day of receipt to the MHD.

5. **Provides** for a Board appointed grievance committee (*comprised of NSMHA staff not involved in previous levels of decision-making*) to **hear** grievances and appeals.
6. **Establishes** a grievance meeting
7. **Includes** a formal process for dispute resolution

**Consumer**

8. May **invite** representative(s) of their choice to the grievance meeting.

**Provider Network,  
and Other Involved Parties**

**Consumer, Provider or**

**9. Provides** all documentation 5 days in advance to allow for review prior to the grievance meeting

**10. May present** their information and provide supporting documentation

**NSMHA**

**11. Mails** written response within 30 days of receipt of the written grievance or appeal (*unless an extension, not to exceed 90 days, is agreed to in writing by the consumer and NSMHA*). The written response will include:

- a. The reason for the decision
- b. The right to request a fair hearing

**Or**

**Mails** written response within 15 days of receipt of written grievance or appeal when it involves request for disenrollment, (*unless an extension, not to exceed 90 days, is agreed to in writing by the consumer and NSMHA*). The written response will include:

- a. The reason for the decision
- b. The right to request a fair hearing

**Provider or Provider Network**

**12. Issues** a report to the NSMHA within 30 days of decision

**13. Assures** staff with the authority to assure implementation of agreements or decisions provide follow up.

**NSMHA**

**14. May offer** the consumer a follow up interview with the grievance committee to discuss any concerns about retaliation

***P** If consumer is dissatisfied with the results of the grievance and appeals process, they may:*

**Consumer**

**15. Request** a fair hearing with the Office of Administrative Hearings (see PRO 102C.01)

**Or**

If the grievance is related to a request for disenrollment, submit a written request for disenrollment to the MHD Fair Hearing Coordinator (*For information about Disenrollment see North Sound Mental Health Administration Disenrollment Policy 103*).

Effective Date: June 27, 2002

Revised Date: April 14, 2003

Revised Date:

**North Sound Mental Health Administration  
PROCEDURE**

**Cancels: PRO-102C**

**See Also: POL-102.01, PRO-102A.01, PRO-102B.01**

**Approved by: Board of Directors  
Motion #**

**PRO-102C.01 INITIATING AND RESPONDING TO REQUESTS FOR FAIR HEARING**

Consumers are encouraged to pursue grievances and appeals through the NSMHA complaint and grievance policy prior to filing a fair hearing. A consumer may file an administrative hearing (fair hearing) with The Department of Social and Health Services (DSHS) without first accessing the NSMHA grievance policy. Consumers have the right to use the DSHS pre hearing and administrative hearing processes described in chapter 388-02 Washington Administrative Code (WAC). Consumers have this right when:

- (a) The consumer believes there has been a violation of DSHS rule,
- (b) The NSMHA did not provide a written response within thirty days from the date a written request was received, or
- (c) The NSMHA, DSHS, or a provider denies service. In cases of disenrollment the enrollee must first utilize the NSMHA complaint and grievance policy.

**1. Consumers may be responsible for payment of costs of services in the event that an administrative fair hearing upholds the NSMHA's action.**

**2. The provider or provider network will be responsible to pay for benefits provided during an appeal if the administrative hearing upholds the appellant's grievance.**

Action by

Action:

**Consumer**

**1. Requests** a fair hearing with the Office of Administrative Hearings (1-800-583-8261 or 425-339-1921). Ombuds services are available for assistance.

***IF the Consumer has utilized the NSMHA  
Grievance Process,***

**NSMHA Notifies** MHD fair hearing contact person of the consumer's NSMHA grievance history.

**NSMHA, Provider Network,  
And/or Provider**

**2. Participates** in the Fair Hearing process, abides by those decisions, **and**

**3. Promptly authorizes** provision of any disputed services when the hearing reverses a decision to deny, limit, or delay services that were not furnished during the appeal process.

Effective Date: July 25, 2002

Revised Date:

**North Sound Mental Health Administration  
POLICY**

Cancels: POL-101

See Also: PRO-101A-01, PRO-101B-01, Form Numbers (TSK-101C, D, E, F, G)

Approved by: Board of Directors

Motion #02-023

## **POL-101-01    RESPONDING TO and REPORTING CRITICAL INCIDENTS**

The North Sound Mental Health Administration is committed to improving consumer/patient safety and reducing risk. Recognizing that an effective consumer/patient safety program requires an integrated and coordinated approach, the NSMHA requires recognition and acknowledgement of critical incidents/extraordinary occurrences, and encourages the development of a system-wide culture, which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning.

This policy describes the circumstances under which provider agencies or provider networks must provide information to the NSMHA regarding reporting and responding to critical incidents (*extraordinary occurrences*) affecting mental health clients of NSMHA services, and NSMHA providers and networks, and the methods of transmission to be used to accomplish this.

These policies and procedures are protected under the NSMHA's Coordinated Quality Improvement Program (CQIP).

- 1    The NSMHA is obligated to insure that the care and services delivered meet the requirements of both the RSN/MHD, and provider and provider network contracts, including the NSMHA Standards of Care, (or it's successor), relevant WACs, RCWs and the Federal Waiver.**
- 2    Critical incident reporting is an important element in quality management of services provided by NSMHA providers and networks.**
- 3    Thorough communication of Critical Incidents is essential so that all parties in our mental health services system are aware of and able to respond to inquiries about critical incidents/extraordinary occurrences.**
- 4    When a critical incident occurs, it is the responsibility of the service provider or provider network to contact the NSMHA and report the incident, then:**
  - The NSMHA notifies County Coordinators and NSMHA Board Chair of Critical Incidents.**
  - In cases where there is a potential for media coverage, the NSMHA notifies the MHD Community Services Chief**

- 5 The NSMHA will maintain CQIP (Coordinated Quality Improvement Program) status through the Washington State Department of Health for the purpose of improvement of the quality of health care services rendered to clients/consumers/patients and the identification and prevention of medical malpractice as set forth in RCW 43.70.510. All documents related to critical incident reporting will contain this language:**

**QUALITY IMPROVEMENT DOCUMENT**

**COORDINATED**

This is a protected Coordinated Quality Improvement document intended solely for the purpose of assuring Continuous Quality Improvement, and Quality Assurance by the North Sound Mental Health Administration, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.10 and is not subject to disclosure pursuant to Chapter 43.17 RCW

- 6 The NSMHA will maintain a Critical Incident Review Committee with membership to include Executive Director/staff designee, Quality Manager, Lead Quality Management Specialist, Ombuds/QRT and administrative support staff. The CIRC will meet regularly to review all critical incident reports, request written follow up reports from providers or networks and investigate critical incidents utilizing internal selective reviews.**
- 7 The NSMHA through the Critical Incident Review Committee will develop a summary report and trend analysis each biennial quarter. Reports of Quality Improvement activities will be distributed to:**
- NSMHA Board of Directors
  - NSMHA Advisory Board
  - NSMHA Quality Management Oversight Committee (QMOC)
  - County Coordinators
- 8 When the NSMHA deems further action is warranted, appropriate action may include, but is not limited to a NSMHA Selective Review. (See PRO 101B-01)**
- 9 Critical Incidents are extraordinary and adverse occurrences that take place in the lives of mental health clients. All occurrences listed below must be reported for enrolled NSMHA clients, those Medicaid eligible, all patients detained at NSMHA Evaluation & Treatment facilities, and clients of NSMHA Integrated Crisis Services, both enrolled and not enrolled, and when known, for clients served by the crisis system for two weeks following the last ICRS contact. (Critical incidents that occur within the crisis system are not the presenting problem or concern, but rather extraordinary and adverse occurrences that occur during the provision of crisis services.) When there is knowledge of discharged clients, that information must be reported as well.**

**DEFINITIONS:**

**PROVIDER**

A **provider** is any NSMHA contracted service provider.

**PROVIDER NETWORK**

Refers to the NSMHA contracted provider network's highest level of administration.

**Critical incidents are defined as follows:**

**Death:** By suicide, natural causes/accident, or homicide

**Assault:** The intentional infliction of bodily harm (by a client/consumer/patient), which causes a person to seek urgent medical attention (Medical treatment, which is sought to prevent substantial risk of bodily harm to the person and is not routine in nature.)

This category also includes sexual assault regardless of the degree of the injury.

**Injury/Illness:** The sustaining by a client/consumer/patient of bodily harm (including suicide attempts) or sickness, which necessitates seeking urgent medical attention (medical treatment, which is sought to prevent substantial risk of bodily harm to the person and is not routine in nature) and which:

- a.** is related to the client/consumer/patient's mental impairment or treatment, including medication errors made by professional staff
- b.** or takes place on the treating program property

**Property Damage:** The intentional damage by a consumer to property, including fire setting, which requires the filing of a police report or the discontinuation of services.

**Elopement:** Unauthorized departure by a client from an involuntary treatment program.

**Other:** Incidents where the potential for media coverage/community attention exists and incidents that providers feel are not indicated above. *Examples: Any potential for generating media coverage that is not listed above including but not limited to: Staff/client/consumer/patient behavior so bizarre, disruptive or threatening that it places others in reasonable fear of harm.*

## REFERENCES

WAC 388-865-0280 and 0450  
NSMHA/MHD Contract 1.4, 1.4.1

Effective Date: July 25, 2002

Revised Date:

**North Sound Mental Health Administration  
PROCEDURE**

**Cancels: PRO-101A**

**See Also: POL-101-01, PRO-101B-01, Form Numbers**

**(TSK-101C, D, E, F, G)**

**Approved by: Board of Directors**

**Motion # 02-023**

## **PRO-101A-01 RESPONDING TO CRITICAL INCIDENTS**

Action by

Action:

**Provider  
or Provider Network**

**1. Contacts** the NSMHA and reports the incident.

- a. **Completes** the respective Critical Incident Report Form, **(TSK-101 C, D, E, F, G, Version 1.0.1 or successors.)** There is a specific report form for each provider or network of providers to facilitate accurate reporting. These forms are available online at <http://nsrsn.org/Forms/index.asp>.

<b>Form #</b>	<b>Provider</b>
TSK-101C	Sea Mar
TSK-101D	Associated Provider Network
TSK-101E	Volunteers of America
TSK-101F	Snohomish County
TSK-101G	Fairfax Hospital

- b. **Sends** report form to the NSMHA within 24 hours of the event. If faxed, the form must include a cover sheet with a confidentiality disclaimer.

***OR if the potential for media coverage/community attention exists,***

**2. Notifies** the NSMHA by telephone within 2 hours.

Notification will include:

- Description of incident
  - Actions taken
- a. **Files** respective Critical Incident Report Form within 24 hours of telephone notification. The provider or provider network will submit a written report within five business days following telephone notification which includes: actions

taken as a result of the occurrence, results of said actions, additional actions that are planned in the future and efforts that have been undertaken designed to lessen the potential for recurrence.

***For Critical Incidents not involving potential media coverage/community attention,***

- a. Provider or provider network **submits** written report if requested by NSMHA Executive Director/staff designee. If requested, the provider or provider network will submit the written report to the NSMHA (*via mail, fax or email*) dated within 21 business days of the submission of the Critical Incident Report which includes:
  - actions taken as a result of the occurrence, results of said actions, additional actions that are planned in the future and efforts that have been undertaken designed to lessen the potential for recurrence. (*Not applicable to incidents with potential for media coverage/community attention. As noted above, these reports are due in **five** business days.*)

**NSMHA Executive Director/  
Staff Designee**

- 1. Notifies** County Coordinators and the NSMHA Board Chair of Critical Incidents, **and**

***Where there is a potential for media coverage/community attention,***

- 2. Notifies** the MHD Community Services Chief by the next business day. Notification will include:

- a. Description of the event, and
- b. Actions taken and potential ramifications

- 3. Provides** all critical incident reports to the Critical Incident Review Committee (CIRC) every two weeks. CIRC may recommend further action including but not limited to a NSMHA selective review. (See PRO-101B-01)

- 4. Maintains** ongoing critical incident data base

**Provider or  
Provider Network**

- 1. Responds** within the requested time frame when the NSMHA requests additional information pertaining to the incident.

**2. Ensures** that all plans for corrective action following a review or investigation are implemented for quality assurance and improvement and incorporated into all administrative areas as necessary for quality assurance and improvement.

**Provider and Provider Network**

**1. Submits** an annual report on statistics related to its critical incidents, quality improvements related to these incidents and improvements obtained.

Effective Date: July 25, 2002

Revised Date:

**North Sound Mental Health Administration  
PROCEDURE**

**Cancels: PRO-101B**

See Also: POL-101-01, PRO-101A-01,  
Form Numbers (TSK-101C, D, E, F, G)

Approved by: Board of Directors  
Motion # 02-023

## **PRO-101B-01 CONDUCTING SELECTIVE REVIEWS**

For the purpose of analyzing the quality and level of care being provided, Selective Reviews may be conducted. Examples of triggers for a selective review include:

- a. A current client who has been recently hospitalized
- b. An adult or child referred to, or currently in, long-term residential care.
- c. Consumers deemed not eligible for services
- d. Provider requests for a selective review
- e. Consumer, advocate, or other system complaints or grievances
- f. Other cases that require in-depth review to assure quality of care (i.e., **critical incidents and extraordinary occurrences**, and their internal review by providers or provider networks.)

Selective Reviews can be generated at the request of NSMHA staff (Executive Director, Quality Specialists, Contracts Compliance/Fiscal Manager, Office of Consumer Affairs Manager, etc.) Provider staff, or County Coordinators.

Action by

Action:

**NSMHA**

**1. Notifies** identified provider or provider network of the case to be reviewed.

**Provider or Provider Network**

**2. Responds** to request for information within 2 business days, at a mutually agreed upon time and site, if the NSMHA requires viewing documents from a client's chart. Specific chart information may include, but is not limited to:

- a. Crisis Plans
- b. Assessment documents
- c. Treatment plans
- d. Reviews
- e. Progress notes
- f. Discharge Summaries
- g. Medical Information

*OR in exceptional cases, the NSMHA may perform a Selective Review with minimum notice given to the Provider or provider network.*

**NSMHA**

**3.** NSMHA selective reviewer(s) **submits** written report to the NSMHA Lead Quality Specialist who then:

- a. **Reviews and forwards** report to provider network or provider.

*If report includes a request for the provider or provider network to produce a written document for follow-up action,*

**Provider or Provider Network**

**4. Forwards** document within 14 business days of the date of request.

*If the Selective Review reveals a situation of immediate health and safety concerns,*

**NSMHA Lead Quality Specialist**

**5. Notifies:**

- a. NSMHA Executive Director,
- b. Appropriate governmental authorities, and
- c. Provides additional investigation as required.

**NSMHA**

**6. Produces** annual summary of all reviews and their follow-up, and presents summary to the NSMHA Board of Directors, Advisory Board, Quality Management Oversight Committee (QMOC), County Coordinators and CIRC on an annual basis.

**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
ADMINISTRATIVE, FISCAL & QUALITY ASSURANCE/IMPROVEMENT  
CONTRACT COMPLIANCE MONITORING**

**POLICY AND PROCEDURE**

**POLICY**

All agencies providing services to or on behalf of the NSMHA will be monitored for administrative, fiscal and quality management systems assurance/improvement compliance. Whenever possible NSMHA will collaborate and coordinate with State of Washington Mental Health Division in order to jointly conduct NSMHA's Administrative and Clinical Reviews with MHD's Licensing Reviews of NSMHA contracted providers.

**PURPOSE**

The purpose of conducting an on-site review is to assure contracted providers and their subcontractors are providing services in compliance with:

- NSMHA Contract(s)
- Washington Administrative Codes (WAC's)
- Revised Codes of Washington (RCW's)
- Washington State Medicaid Waiver
- Federal Rules and Regulations (HIPAA, Balanced Budget Act (BBA), etc.)
- Federal Sub-recipient Monitoring Requirements

This On-site Review is not a clinical review. Clinical quality assurance reviews are conducted by the NSMHA Quality Management Department. (Concurrent Reviews, Selective Reviews, etc.)

**ON-SITE AUDIT TEAM**

The Administrative, Fiscal and Quality Management On-site Review Team shall, at a minimum, be made up of the following:

- NSMHA Contracts Compliance & Financial Services Manager
- NSMHA Fiscal Officer
- Quality Assurance Manager
- Quality Specialist
- Quality Review Team Member
- Advisory Board Member who is a member of the Advisory Board On-Site Review Committee AND who has completed the 3 hour On-site Monitoring Training conducted by NSMHA Staff

In addition, the County Coordinators will be invited to participate in each on-site review of contracted providers who perform services within their geographic area.

**ON-SITE MONITORING COMPONENTS**

The following risk factors shall be analyzed prior to the On-site Review in order to determine the extent of the Administrative Review:

- Frequency of outside audits;
- State MHD Licensing Review Results
- Prior NSMHA audit findings;
- Agency has current national accreditation or Certification (JACHO, CQUIP, NCQA, other)
- Responses to Monitoring Questionnaire;
- Date of the last monitoring visit;
- Type of contract;
- A history of marginal performance;
- Prior audit findings;
- Responses to Monitoring Questionnaire;
- Date of the last monitoring visit;
- Type of contract;
- Abnormal frequency of personnel turnover;
- Complaints and Grievances that have come to NSMHA's attention.

The individual components of the Administrative, Fiscal and Quality Management On-site Review consists of the following:

### **1. Administrative Review**

- Contract Boilerplate Requirements
- Basic Agreement/Statement of Work Service Requirements;
- Non-discrimination and ADA Compliance;
- Personnel Policies, Records and Files of all Direct Service Staff;
- Staff Credentialing Practices;
- Review of Agency Admin Policy and Procedure Manual(s).

### **2. Fiscal Review**

- Review of agency fiscal policies and procedures;
- Review of the financial system;
- Review of documentation relative to the tracking of all revenue awarded by the NSMHA;
- Non-Medicaid Services Policies and Procedures;
- Federal Single Audit and Reporting Requirements;
- Desk review of the contractor's annual audit report;
- Desk review of the agency's answers to questions in the "Administrative, Fiscal and Quality Management System Monitoring Questionnaire;"
- The following risk factors shall be analyzed prior to the On-site Review in order to determine the extent of the Administrative Review:
  - Prior audit findings;
  - Responses to Monitoring Questionnaire;
  - Date of the last monitoring visit;
  - Type of contract;
  - Dollar amount of contract;

- ❑ Internal control structure;
- ❑ Review of Agency's accounting system
- ❑ Review of Agency's most recent Independent Financial Audit
- ❑ Length of time as a sub-recipient;
- ❑ A history of marginal performance;
- ❑ Has not provided NSMHA with required Financial Reports on a timely basis;
- ❑ Has not conformed to conditions of previous contracts.

### **3. Quality Assurance/Improvement**

- Review of Agency's Internal quality assurance, quality improvement and peer review systems policies and procedures;
- Agency Internal Complaints Process, Policies and Procedures;
- Quality Review Team observations;
- Quality Review Team Interviews and Survey results;
- Ombuds complaints/grievances.

### **ON-SITE MONITORING PROCESS**

An onsite review shall be accomplished by following the steps outlined below:

1. 30 days prior to the scheduled on-site visit, the NSMHA shall send the following to the provider:

- Administrative, Fiscal & Quality Assurance/Improvement Monitoring Questionnaire,
- Personnel Records Review Worksheet,
- On-site Review Checklist,
- Independent Audit Review of Service Provider Checklist, and
- On-site Schedule and Agenda

The provider shall have 14 days to answer each question on the Monitoring Questionnaire and return it to the NSMHA.

2. NSMHA Audit Team shall review the completed Questionnaire prior to the first scheduled day of the site visit. This questionnaire, the Personnel Records Review Worksheet, On-site Review Checklist and Independent Audit Review of Service Provider Checklist will be the tools used by the NSMHA Audit Team in reviewing the providers contract compliance.

3. On the first scheduled day of the site visit, an entrance interview with the agency director and/or his/her designee(s) shall occur. The entrance interview consists of the following:

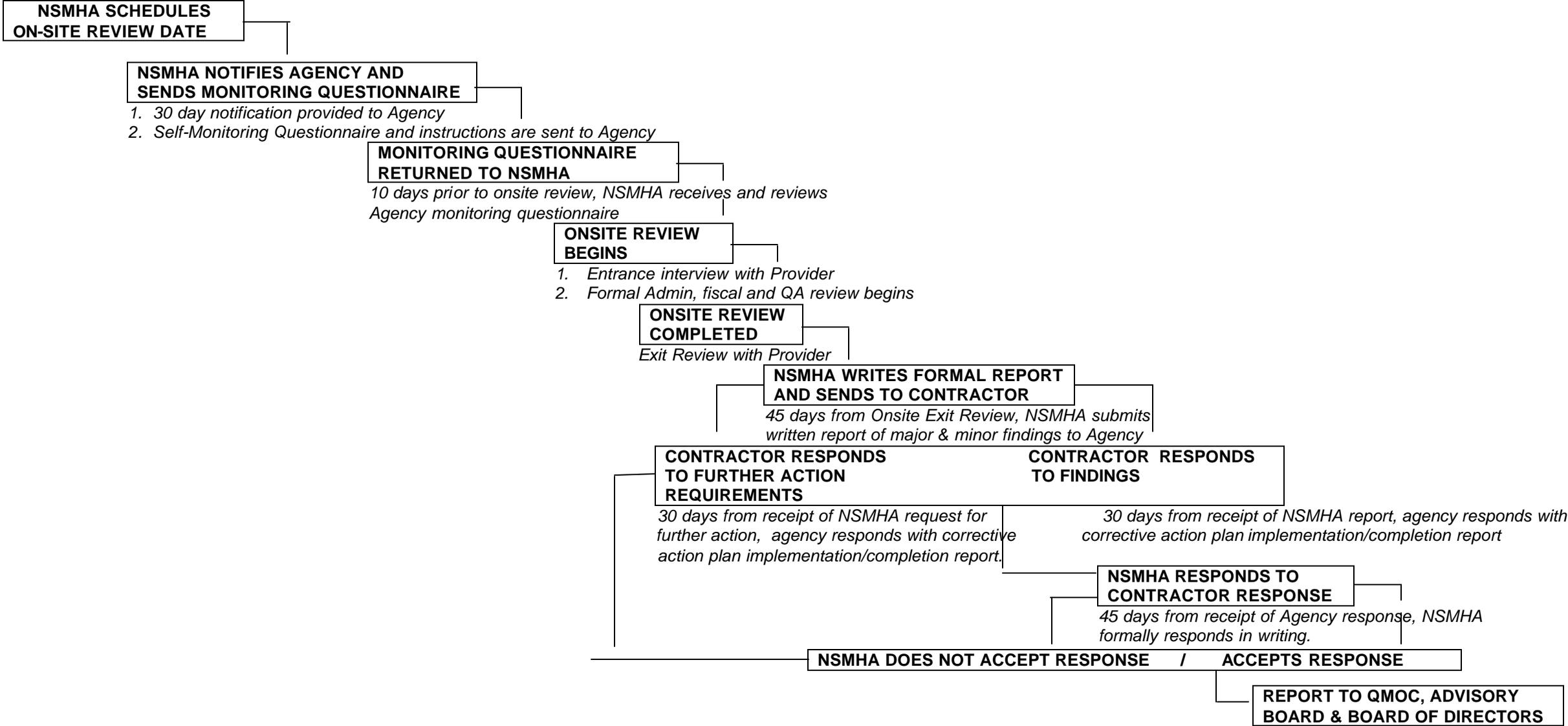
- Introductions – Identify for Agency which NSMHA Audit Team Member will be reviewing each on-site component
- Sign Confidentiality Statements (when applicable)
- NSMHA Re-State Purpose of On-site Review
- Review On-site Schedule

- Give Agency staff an opportunity to present a description of the various programs they provide through the NSMHA contract(s).
  - Tour of Agency Facility
4. NSMHA Audit Team shall conduct a review of fiscal, administrative and quality management systems. This is accomplished by :
- Reviewing with the provider the On-site Questionnaire,
  - Verifying the providers answers,
  - Reviewing source documentation for validation,
  - Conducting interviews and discussions with appropriate personnel.
  - Clinical Files will not be reviewed. Clinical File reviews are accomplished during NSMHA's Concurrent Review processes.
5. NSMHA Audit Team shall reconvene as a group at least two hours prior to the scheduled Exit Review to share the results of their monitoring efforts.
6. NSMHA Audit Team shall conduct an exit interview with agency director and his/her designated staff. At the exit review the following will be presented and discussed:
- Areas of excellence,
  - Areas of strengths,
  - Areas in need of corrective action (findings), and
  - Recommendations.
7. Once the on-site review is completed, a written On-Site Review Report will be prepared.
- Each NSMHA Audit Team Section Lead will prepare a written report documenting areas of excellence, strength, findings and recommendations of the section(s) their team reviewed; Admin, Fiscal and Quality Management.
  - This documentation shall be submitted to the Contracts Compliance & Financial Services Manager who shall be responsible for finalizing the report.
  - The completed report shall be submitted to the Executive Director of the contract agency within 45 days of the exit review date.
  - The report consists of five sections:
    - Scope of review;
    - Summary of review;
    - Findings and Recommendations
    - Quality Review Team Survey results and recommendations; and
    - Corrective action plan request and timeline.

- The agency will have 30 days to respond in writing to all findings and recommendations.
8. NSMHA Audit Team will review the agency written response to findings and recommendations and provide a written response to the contract agency of those areas of correction that are acceptable and those areas that are unacceptable within 45 days of receipt.
  9. When an agency's response has areas that are unacceptable, the NSMHA Audit Team will inform the agency in writing and request further action.
  10. The Contract agency will be responsible and accountable for correcting all findings.
    - Failure of a provider to correct findings may result in the NSMHA imposing sanctions and/or withholding payment(s) until the finding in question is resolved to the satisfaction of the NSMHA.
  11. The NSMHA shall submit to the Quality Management Over-site Committee (QMOC) and County Coordinators a copy of the Formal Audit Report prepared by the NSMHA Audit Team, a copy of the Agency's Response, further action requirements and NSMHA Final Report.
  12. The NSMHA Staff, QMOC and/or Local Oversight Committee may recommend the NSMHA Board of Directors:
    - Impose sanctions, financial penalties and/or withhold payment(s) if findings are not corrected
    - Accept response and corrective actions

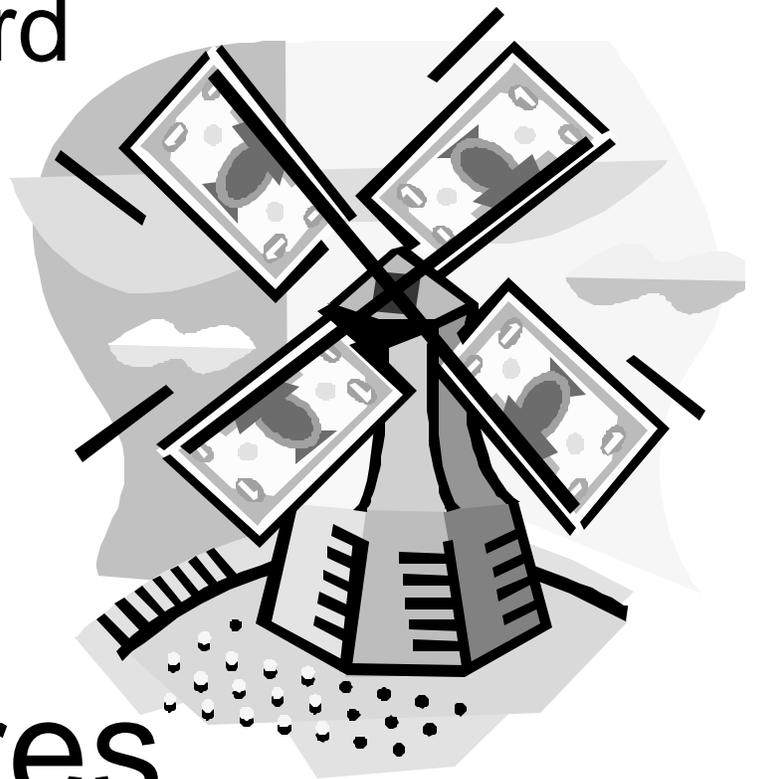
The Monitoring Report and Response(s) becomes a permanent part of the provider's file.

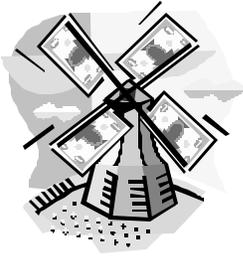
**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
 CONTRACT COMPLIANCE ON-SITE MONITORING  
 FLOW CHART**



North Sound Mental Health Administration  
Advisory Board

# Financial Policies and Procedures





# NSMHA ADVISORY BOARD

Financial Policies &  
Procedures

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## Forms Enclosed

1. Advisory Board Monthly Reimbursement Request
2. Travel Advance Request
3. *Advisory Board Training/Conference Request*
4. NSMHA Lost Receipt Reimbursement Request



# NSMHA ADVISORY BOARD

## Financial Policies & Procedures

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**T**he purpose of this document is to set forth policies and procedures governing development of the Advisory Board annual estimated expenses and use of funds. It describes allowable purchases and reimbursements, limiting conditions, required authorizations, and required administrative processes.

It is intended that all policies and procedures set down comply with the policies and procedures of the North Sound Mental Health Administration and the State of Washington. If a conflict occurs between policies and procedures in this document and those of the NSMHA and/or State, those of the NSMHA and State will apply.

*Update Note*

New material is indicated by shading: **This is new material.**

Deleted material is indicated by strikethrough: ~~This is deleted material.~~

In addition, North Sound Regional Support Network and NSRSN has been globally changed to North Sound Mental Health Administration and NSMHA.



## **I. Annual Advisory Board Expense Projection Development**

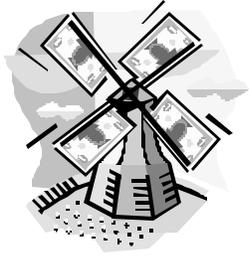
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### **A. POLICY**

No later than July of each year, the Advisory Board Finance Committee will begin developing its projected expenses for the coming year for recommendation to the NSMHA Board of Directors for approval at the October Board of Directors meeting.

### **B. PROCEDURE**

The Advisory Board shall itemize the projected operating costs of its members and NSMHA consumer participation. The recommended expenses shall be incorporated into the NSMHA annual proposed budget and presented by NSMHA staff to the NSMHA Board of Directors Finance Committee in September of each year.



## II. Allowed & Disallowed Expenses

---

### A. POLICY

The NSMHA policy is to cover the operating costs of the Advisory Board, the reasonable participation expenses of its members, and attendance and travel costs of consumers and advocates at NSMHA meetings, Advisory Board meetings, mental health conferences, etc. The Advisory Board shall determine the expenses allowed and the funding limits of each category (mileage, supplies, etc.).

### B. ALLOWED EXPENSES

- Postage
- Purchase of supplies and materials as approved by the Advisory Board.
- Phone calls for official Advisory Board business.
- Transportation reimbursement to and from the monthly Advisory Board and other NSMHA meetings (such as Board of Directors, QMOC, and related subcommittee meetings), conferences, seminars and trainings pre-approved by the Advisory Board and/or its Executive Committee for members and others invited by the Advisory Board and/or assigned by the Board of Directors.
- Transportation is defined as:
  - ✓ Mileage reimbursement for privately owned automobile
  - ✓ Taxi
  - ✓ Bus
  - ✓ Airport shuttle service
  - ✓ Ferry
  - ✓ Airfare (*requires pre-approval from the NSMHA Executive Director*).
- Travel advances pre-approved by the Advisory Board.
- Reimbursement for costs incurred while Advisory Board members are carrying out their Advisory Board functions, such as meals, **child care**, and other costs approved herein.
- Reasonable parking costs.
- **Child Care**, as further defined on page 11.

## C. DISALLOWED EXPENSES

- Meals for or entertainment of others.
- Alcoholic beverages, drugs or tobacco
- Fines, penalties, parking or speeding tickets, etc.
- Any unreasonable, unnecessary costs or personal preference items such as first-class air travel.
- Reimbursements for meals, travel, or any other expenses related to lobbying.

## D. EXPENSES REQUIRING PRE-APPROVAL

The following expenses must be authorized in advance by the Advisory Board:

- Attendance of conferences, seminars, or other training opportunities (Use the *Advisory Board Training/Conference Request* (Enclosure 3).)
- Purchases of supplies and materials.

*Note: The NSMHA Finance Committee shall review all requests and present to the Advisory Board with their recommendation to approve or deny. The Executive Committee of the Advisory Board may act on behalf of the Advisory Board when time does not allow requests to come to full Advisory Board.*

Expenses that must be authorized in advance by the NSMHA Executive Director include:

- All purchases of more than \$250
- All air travel

Expenses that must be authorized in advance by the NSMHA Board of Directors include:

- Out of State Travel
- All purchases of \$10,000 or more

Please submit requests requiring pre-approval to the Chair, Advisory Board Finance and Chair, Executive Committee using one of the following formats:

- *Advisory Board Training/Conference Request* (Enclosure 3),
- *Travel Advance Request* (Enclosure 2).
- If the forms listed above are not appropriate, submit request in letter or memo format.

## **E. REIMBURSEMENT - GENERAL**

Advisory Board members shall submit a monthly request for reimbursement with supporting documentation (receipts) for all allowable expenses. The Advisory Board Finance Committee shall authorize the expenses at its regular meeting and transmit to the Fiscal Officer for processing. Attached for individual use is a copy of the *Advisory Board Monthly Reimbursement Request* (Enclosure 1).

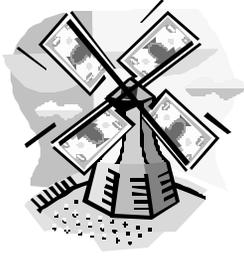
## **F. DOCUMENTATION OF EXPENSES**

All requests for expense reimbursement must be documented. Failure to provide the required documentation may result NSMHA's inability to honor the requested reimbursement. Receipts should have the name, location, and phone number of the vendor whenever possible. Documentation may include but not be limited to, the following:

- Actual auto mileage to and from meetings or other functions of the Advisory Board or NSMHA that fall under the purview of the Advisory Board.
- Receipts for transportation; i.e., airfare, rental cars, shuttles, taxis, buses, etc.
- Receipts for parking, when available.
- Receipts for lodging.
- Receipts for meals.
- Receipts for registration fees.
- Receipts for materials or supplies.
- Receipts for child care costs.

If a receipt is lost or unavailable (such as with a parking meter), use the *NSMHA Lost Receipt Reimbursement Request* (Enclosure 4).

**NOTE:** *Charge card slips are not acceptable documentation unless an itemized list of expenses paid is also printed on the slip. In addition, when turning in charge card slips, please cover up account numbers and expiration dates, as all receipts become public documents.*



### III. Travel Expenses

---

#### A. POLICY

Advisory Board members and other individuals traveling on Advisory Board business (as defined by and approved in advance by the Advisory Board) will be reimbursed from the Advisory Board budget. For travel to events during which meals, lodging, registration fees, and transportation (i.e., rental car, plane, taxi, train, etc.) are required, a travel advance is also available.

#### 1. *Out of State*

The NSMHA Executive Director must pre-approve all out-of-state travel.

Request approval by completing and submitting the *Advisory Board Travel Advance/Reimbursement Request* (Enclosure 1) and (if applicable) the *Advisory Board Training/Conference Request* (Enclosure 3) to the Advisory Board Finance Committee Chair. The NSMHA Advisory Board Finance Committee shall submit the request with a recommendation to approve or deny to the NSMHA Executive Director. Once approved by the NSMHA Executive Director, the request shall be presented to full Advisory Board.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request* (Enclosure 1) attaching all receipts, AND the pre-approved *Advisory Board Travel Advance/Reimbursement Request*, AND, if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request*.

2. *Automobile*

Reimbursement for the use of a privately owned vehicle for Advisory Board business will be paid at the established standard mileage rate. The rate is set to conform to the currently published mileage rate for business travel deductions set by the Internal Revenue Service (IRS), and may be revised periodically for continued consistency with IRS rates. The NSMHA Fiscal Officer will promptly notify the Advisory Board Finance Committee, in writing, of adjustments to the NSMHA mileage rate and shall fix the effective date of each. Reimbursement for mileage and meals en route to destinations outside the State of Washington shall not exceed the round-trip coach fare of a common air carrier unless approved by the Board of Directors.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request* (Enclosure 1) attaching all receipts, AND if applicable, the pre-approved *Advisory Board Travel Advance/Reimbursement Request*, AND if applicable, the pre-approved *Advisory Board, Consumer and Advocate Training/Conference Request*.

3. *Commercial Airline.*

The NSMHA Executive Director and the Advisory Board and/or its Executive Committee must approve all air travel in advance. First class air travel is prohibited except in emergencies and requires advance approval from the Chair, NSMHA Board of Directors.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request* (Enclosure 1) attaching all receipts, AND the pre-approved *Advisory Board Travel Advance/Reimbursement Request*, AND, if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request*.

4. *Travel by Shuttle, Taxi, or Other Local Carrier*

The NSMHA has arranged with shuttle and taxi service to transport Advisory Board members to Mount Vernon and to bill the fare directly to us. Individuals who travel frequently or who have used these services before are invited to call these carriers directly for service to Mount Vernon. **Note: There are many organizations whose names begin with North Sound. When specifying the NSMHA as a destination or pickup point, refer also to the Carnation Building in Mount Vernon. This will help avoid confusion.**

<b>Carrier/ From</b>	<b>Phone</b>	<b>Contact Name</b>	<b>Account Ref. #</b>
<b>Airport Shuttle</b> Bellingham, Everett, Marysville	<b>800-235-5247</b>	Anyone	NSMHA
<b>Yellow Cab</b> Snohomish County	<b>425-259-2000</b>	Diana	6984
<b>San Juan Taxi</b> Friday Harbor	<b>360-378-3550</b>	Anyone	NSMHA
<del><b>TJ's Taxi</b> Marysville, Smokey Point, Arlington, Stan- wood, Camano Island</del>	<del>360-654-3444</del>	<del>TJ</del>	<del>NSMHA</del>
<b>Valley Taxi</b> Marysville, Smokey Point, Arlington, Stan- wood, Camano Island	<b>360-336-3283</b>	Anyone	
<b>Yellow Cab</b> Whatcom County	<b>360-332-8294</b>	Deb Logan	RSN

You may be asked to sign an invoice when you arrive in Mount Vernon and again when you return.

*Note: The NSMHA can arrange transportation with additional carriers for transportation to and from Mount Vernon. Advisory Board members may submit such requests to the Chair, Advisory Board Finance Committee.*

5. *Meals During Travel*

All meals shall be reimbursed when an Advisory Board member, advocate, or consumer is performing business for the NSMHA. This shall include meals consumed in the course of business meetings and while traveling to and from Advisory Board meetings, subcommittee meetings, NSMHA Board of Directors meetings, QMOC meetings, etc.

Receipts are required for meal reimbursements. Reimbursement for meals will be for actual expenses and shall not exceed the following amounts:

- Breakfast      \$8.00
- Lunch                      \$10.00
- Dinner                      \$18.00

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request* (Enclosure 1) attaching all receipts, AND if applicable, the pre-approved *Advisory Board Travel Advance/Reimbursement Request*, AND if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request*.

6. *Lodging*

An itemized statement from the place of lodging is required. If lodging is approved to attend a conference, training or seminar, lodging will occur at the conference site at the conference rate. If lodging at the conference site is not available, other lodging will be secured at a comparable rate.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request* (Enclosure 1) attaching all receipts, AND if applicable, the pre-approved *Advisory Board Travel Advance/Reimbursement Request*, AND if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request*.

7. *Child Care Expenses*

Actual Child Care costs shall be reimbursed when an Advisory Board member, advocate, or consumer is performing business for the

NSMHA, attending Advisory Board or Board Meetings, and organized Board/Advisory Board activities.

Receipts are required for Child Care reimbursements. Reimbursement for Child Care will be for actual expenses and shall not exceed the following amounts:

<b>Infant Care</b>	<b>\$16.25 per hour</b>
<b>Toddler (12 – 29 Months)</b>	<b>\$13.55 per hour</b>
<b>Pre-school (30 months – 5 years)</b>	<b>\$11.70 per hour</b>
<b>School age (over 5 years)</b>	<b>\$11.36 per hour</b>

## **B. TRAVEL REIMBURSEMENT & ADVANCES**

### *1. Procedure for Reimbursement.*

Fill out a copy of the *Advisory Board Monthly Reimbursement Request* (Enclosure 1). Securely attach all receipts and documentation of costs incurred for each item for which reimbursement is requested, such as:

- Mileage to and from meetings.
- Receipts for parking (when available).
- Receipts for lodging.
- Receipts for meals.
- Receipts for rental cars.
- Receipts for registration fees.
- Receipts for materials or supplies.
- Plane ticket stubs or receipts for other transportation modes.
- Receipts for supplies or materials

For Out-Of-State Travel, remember to attach the pre-approved *Advisory Board Travel Advance/Reimbursement Request*, AND if applicable, the pre-approved *Advisory Board, Consumer and Advocate Training/Conference Request*.

A receipt and/or documentation must accompany each item presented for reimbursement. Failure to provide the required documentation may result in an inability of the NSMHA to honor the request for reimbursement. If a receipt is lost or unavailable (such as with a parking meter), use the *NSMHA Lost Receipt Reimbursement Request Form* (Enclosure 4).

Charge card slips are not acceptable documentation unless an **itemized list** of expenses paid is also printed on the slip. In addition, when turning in charge card slips, please **cover account numbers and expiration dates**, as all receipts become public documents.

2. *Procedure for Securing a Travel Advance.*

Travel advances are available for Advisory Board members and other consumers or advocates approved by the Advisory Board to travel on its behalf, attend conferences, seminars, trainings, etc. and are payable from the Advisory Board budgeted line item.

Complete and submit the Advisory Board *Travel Advance/Reimbursement Request Form* (Enclosure 2). List all projected expenses, such as transportation, lodging, meals, registration, etc.

If pre-approval is required, please remember to include the pre-approved *Advisory Board Travel Advance/Reimbursement Request*, AND if applicable, the pre-approved *Advisory Board, Consumer and Advocate Training/Conference Request*.

Present the filled-in Travel Advance Request form to the NSMHA Fiscal Officer as far ahead as possible, ideally at least 30 days before the travel advance is needed. The NSMHA Fiscal Officer will mail a check for the travel advance funds as soon as it is processed. You may also pick up your check in person by special arrangement with the NSMHA Fiscal Officer.

Travel advance funds provided must be accounted for according to Washington State law, on the *Travel Advance Request* (Enclosure 2). Attach all receipts and documentation to verify that the funds were, in fact, spent in accordance with the intended purpose stated on the Travel Advance Request form.

***NOTE: Any unused funds or funds for which receipts or other documentation are not available must be returned to the NSMHA Fiscal Officer.***



## V. Conferences, seminars, and trainings

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### A. POLICY

Advisory Board Members, consumers and advocates shall be reimbursed from Advisory Board Budget for all allowable expenses when attending and/or participating in pre-authorized mental health related conferences, seminars, and trainings.

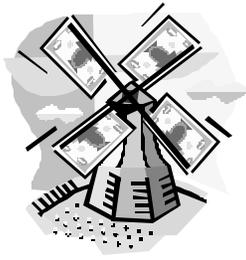
### B. PROCEDURE

Request authorization to be reimbursed for attending/participating in a specific conference, seminar or training by completing the *Advisory Board Training/Conference Request* (Enclosure 3). Submit the completed form to the Chair of the Advisory Board Finance Committee and Chair of the Advisory Board Executive Committee.

Other pre-approvals may be needed, which must be requested in writing using a letter or memo format. Please submit the following requests requiring pre-approval to the Chair, Advisory Board Finance and Chair, Executive Committee:

- All air travel. *Note: First Class air travel requires pre-approval by the NSMHA Board of Directors.*
- All out-of-state travel

A Travel Advance is available to cover projected allowable expenses, including registration, lodging, meals, and transportation. To request a Travel Advance, complete the *Advisory Board Travel Advance/Reimbursement Request* and submit with the approved *Training/Conference Request* form. (Enclosure 2) to NSMHA Fiscal Officer.



## V. Purchasing and Other Expenses

---

### A. POLICY

Advisory Board members (or individuals designated by the Advisory Board) shall be reimbursed for non-travel expenses that have been approved by the Advisory Board and provided for in the Advisory Board budgeted line item.

Purchase orders are not required for purchases of supplies, materials, and equipment under \$250, but **do require approval from the Advisory Board or Executive Committee.**

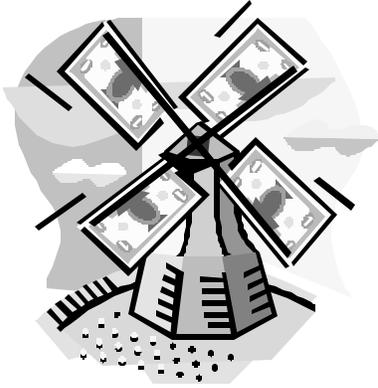
Purchases between \$250 and \$10,000 require a purchase order signed by the Executive Director or a member of the Board of Directors *prior to purchase*. Request a purchase order from the NSMHA Fiscal Officer. Purchases over \$10,000 require a formal bid process and must be pre-approved by the NSMHA Board of Directors. Details of the purchase will be presented to the Board of Directors at its regular monthly meeting. Once the Board of Directors has approved the purchase, a purchase order is prepared by the NSMHA Fiscal Officer and signed by the Executive Director. The completed purchase order must be attached to the invoice when submitted for payment.

### B. REIMBURSEMENT PROCEDURE

Submit *Request* (s) for non-travel related expenses (supplies, postage, etc) to the Chair, NSMHA Advisory Board Finance Committee. The NSMHA Advisory Board Finance Committee shall review all requests and present to the Advisory Board with their recommendation to approve/deny. The Executive Committee of the Advisory Board may act on behalf of the

Advisory Board when time does not allow requests to come to the full Advisory Board.

Advisory Board members (or designees) shall submit receipts for any pre-authorized purchases made on behalf of the Advisory Board to the Advisory Board Finance Committee using the *Advisory Board Monthly Reimbursement Request* (Enclosure 1) with the receipt(s) or other documentation attached.



## Forms Enclosed

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1. Advisory Board Monthly Reimbursement Request
2. NSMHA Travel Advance Request
3. Advisory Board Training/Conference Request
4. NSMHA Lost Receipt Reimbursement Request

**North Sound Mental Health Administration**

117 North First St., Suite 8 \* Mount Vernon WA 98273 \* Phone 360-416-7013 \* Fax 360-416-7017

**Advisory Board Monthly Reimbursement Request**

Name: \_\_\_\_\_

Month/Yr. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_

Date	Miles	Destination	Meals/Other*	Purpose

**\*Please attach a receipt for each expense you list.**

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

ENCLOSURE 1

## ***Advisory Board Travel Advance/Reimbursement Request***

---

To assure that your travel advance will be ready in time for your travel, please submit travel advance requests to NSMHA Fiscal Officer **at least four** weeks before anticipated travel.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Conference/Event: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Date(s) of Conference: From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

Planned Arrival Date: \_\_\_\_\_ Planned Departure  
 Date: \_\_\_\_\_  
Month Day Year Month Day Year

### **Anticipated Expenses:**

Round-Trip Transportation		\$
Registration Fee		\$
Lodging: _____ nights	@ \$ _____/night	\$
Meals:		
No. Breakfasts @ \$8 each =	\$	
No. Lunches @ \$10 each =	\$	
No. Dinners @ \$18 each =	\$	
	<b>Total Meals:</b>	\$
<b>Total Advance Requested:</b>		\$

### **Expenses Not Reimbursable:**

- Hosting (meals for or entertainment of others)
- Alcoholic beverages or tobacco
- Fines, penalties, etc.

- Any unreasonable, unnecessary costs, or personal preference items such as first-class travel.

Washington State Law requires that any travel performed outside the State of Washington be justified. If your travel will take you out of state, please explain briefly why your objective could not be met in Washington State:

---

---

Authorized By: \_\_\_\_\_  
*signature*

**NSMHA LOST RECEIPT REIMBURSEMENT REQUEST**

Breakfast     Lunch     Dinner    \$ \_\_\_\_\_

Other \_\_\_\_\_

I hereby certify under the penalty of perjury that this is a true and correct claim for out of area meal expenses incurred by me and that no payment has been received by me on account thereof.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NSMHA LOST RECEIPT REIMBURSEMENT REQUEST**

Breakfast     Lunch     Dinner    \$ \_\_\_\_\_

Other \_\_\_\_\_

I hereby certify under the penalty of perjury that this is a true and correct claim for out of area meal expenses incurred by me and that no payment has been received by me on account thereof.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NSMHA LOST RECEIPT REIMBURSEMENT REQUEST**

Breakfast     Lunch     Dinner    \$ \_\_\_\_\_

Other \_\_\_\_\_

I hereby certify under the penalty of perjury that this is a true and correct claim for out of area meal expenses incurred by me and that no payment has been received by me on account thereof.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**North Sound Mental Health Administration  
Advisory Board Training/Conference Request Form**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title of Training/Conference: \_\_\_\_\_

Date(s) of Training/Conference: \_\_\_\_\_

Circle Day(s) of Conference:            Mon    Tue    Wed    Thur    Fri    Sat    Sun

Location of Training/Conference: \_\_\_\_\_

Application of knowledge gained at Training/Conference: \_\_\_\_\_

\_\_\_\_\_

Total Travel/Registration Fee/Lodging/Meals Expenses:    \$ \_\_\_\_\_

Will you be requesting a Travel Advance    Yes [ ]    No [ ]  
*If "Yes," please attach Travel Advance Request Form*

Please do not write below this line. \_\_\_\_\_

Approved             Disapproved

\_\_\_\_\_  
Advisory Board Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
NSMHA Executive Director Authorization

\_\_\_\_\_  
Date

