

WISe Attestation for a Managed Care Plan (MCP)

The WISe Attestation must be completed by the Managed Care Plan (MCP) upon the initiation and any expansion of WISe within their area.

The attestation reflects the minimum agency infrastructure and DOH certifications needed by a BHA prior to starting WISe. It is not all inclusive. All BHA's need to follow applicable WACs for the services they are providing.

1 Agency information

Agency name

Agency NPI

Agency address(es)

County/counties serving

Key WISe contact person

Phone number

Email address

2 WISe key elements

- | | | |
|--|-----|----|
| 1. Has the MCP met with DBHR to address local issues? | Yes | No |
| 2. Does the agency hold a current Behavioral Health Agency License, issued by the Department of Health (DOH)? | Yes | No |
| 3. Does the agency have a contract with an MCP? | Yes | No |
| 4. Does the agency have the following certifications? | | |
| Outpatient intervention, assessment and treatment (WAC 246-341-0737) | Yes | No |
| Behavioral Health Support (WAC 246-341-0700) | Yes | No |
| Behavioral Health Outpatient Crisis Observation and Intervention (WAC 246-341-0901) | Yes | No |
| 5. Has WISe staff attended the WISe training? | Yes | No |
| If yes, please list staff, role, and training date. | | |

If no, please indicate training plan.

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| 6. Are family partners peer certified (or qualify for certification)? | Yes | No |
| If yes, please note on staff list. | | |
| If no, please indicate plan to certify on staff list. | | |

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| <p>7. Are youth partners peer certified (or qualify for certification)?
 If yes, please note on staff list.
 If no, please indicate plan to certify on staff list.</p> | <p>Yes</p> | <p>No</p> |
| <p>8. Is WISE staff certified in CANS on each team?
 If yes, please note on staff list.</p> | <p>Yes</p> | <p>No</p> |
| <p>9. Are there established protocols for responding to crisis, in line with the WISE service delivery, policy, procedure, and resource manual?</p> | <p>Yes</p> | <p>No</p> |
| <p>10. Are there established process(es) in which local implementation and oversight of WISE will be achieved and coordinated?
 If yes, please submit process(es).
 If no, please attach a written plan to establish this structure with a completion date.</p> | <p>Yes</p> | <p>No</p> |
| <p>11. Have Tribal relationships been established?
 If yes, please list tribe(s).</p> | <p>Yes</p> | <p>No</p> |

If no, please indicate plan to engage.

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| <p>12. Can documentation of a Provider Quality Committee (PQC) group consistent with the WISE Quality Plan, section II-C-ii (pp 11-12) be provided?
 If yes, please submit documentation.
 If no, please attach a written plan to establish a PQC group with a completion date.</p> | <p>Yes</p> | <p>No</p> |
|--|------------|-----------|

13. Additional comments

3

Signatures

Managed care entity

Signature

Printed name

Date

DBHR approval

Signature

Printed name

Date

 **Submit completed WISE Attestation form to: WISupport@hca.wa.gov.**