STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

RFP NO. 2253

PROJECT TITLE: Behavioral Health-Administrative Service Organization (BH-ASO) Mid-Adopter

PROPOSAL DUE DATE: May 10, 2017 by 2:00 p.m. *Pacific Time*, Olympia, Washington, USA.

Faxed bids will not be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: January 1, 2018 to December 31, 2019

The Health Care Authority reserves the right to extend the contract for up to two additional years in increments of one (1) month to twenty-four (24) months.

BIDDER ELIGIBILITY: This procurement is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

1. INTRODUCTION

1.1. PURPOSE AND BACKGROUND

The State Health Care Innovation Plan, Healthier Washington, and E2SSB 6312, passed by the Washington State legislature in 2014, provide policy direction for Washington State to regionalize Medicaid purchasing and provide Medicaid beneficiaries with the full continuum of physical health and behavioral health (i.e., mental health and Substance Use Disorder [SUD]) treatment services through managed care by 2020. This program is known as "Apple Health- Integrated Managed Care" (IMC) and is implemented through contracts between the Health Care Authority (HCA) and Medicaid Managed Care Organizations (MCOs), with MCOs at risk for the full continuum of physical and behavioral health services for Medicaid beneficiaries (RCW 71.24.850).

County Authorities are required to submit a binding letter of intent to HCA if they plan to implement IMC prior to 2020. Grant, Chelan and Douglas counties, forming the North Central Regional Service Area (RSA), submitted letters declaring their intent to move forward by January 1, 2018.

Through a separate procurement (RFP1812), released by HCA on February 16, 2017, MCOs will be selected to provide integrated behavioral health and physical health services to all Medicaid enrollees in the North Central RSA. Each MCO selected through RFP1812 will be awarded both a Medicaid contract and a non-Medicaid contract with HCA in order to furnish the full continuum of services available to Medicaid enrollees. All MCOs selected through RFP1812 will be required to Contract with the Behavioral Health-Administrative Service Organization (BH-ASO) selected under this procurement, for the provision of services for their enrollees.

This RFP, is being released for the purpose of procuring a BH-ASO in North Central RSA that will perform all services listed herein, which includes some services in conjunction with the accompanying regional MCO procurement. The Contractor awarded under this procurement shall provide services as listed below.

1.2. OBJECTIVES AND SCOPE OF WORK

1.2.1. HCA is seeking an ongoing partnership with an organization that demonstrates innovative models to provide care that can meet the needs of a complex, high-risk population with behavioral health conditions. The objectives of this program are to.

1.2.1.1. Operate as part of continuum of integrated services, with deep connections to community resources and in seamless partnership with North Central's IMC plans selected under RFP1812;

1.2.1.2. To the extent possible within Available Resources, operate an integrated behavioral health crisis response system that serves the entire North Central RSA, rather than a fragmented mental health crisis/Involuntary Treatment Act (ITA) system and a separate SUD/Involuntary Commitment system;

1.2.1.3. Demonstrate the ability to apply a recovery and resiliency-oriented philosophy and clinical design aimed at producing tangible, improved outcomes;

1.2.1.4. Develop appropriate coordination across the continuum of care and improve access to care for high needs enrollees by linking the crisis response system, community resources, and clinical services;

1.2.1.5. Maintain a network capable of ensuring access and continuity of all contracted services within the RSA;

1.2.1.6. Provide seamless transitions as Consumers move across systems of care, based on the Consumer's needs and rights; and;

1.2.1.7. Partner with the Accountable Community of Health (ACH) and MCOs to meet the goals and objectives of the Regional Health Improvement Plan and improve the health and well-being of RSA residents.

1.2.2. Services for Medicaid and non-Medicaid Consumers.

The BH-ASO will be responsible for the following services for all Consumers in need of services in the North Central RSA, including Medicaid beneficiaries:

1.2.2.1. Maintenance of a 24/7/365 regional crisis hotline, accessible to all Consumers regardless of insurance status, income level, ability to pay, or residence;

1.2.2.2. Provision of mental health crisis services, including dispatch of a mobile crisis outreach team staffed by mental health professionals and/or Designated Mental Health Professionals (DMHPs) and certified peer counselors;

1.2.2.3. Administration of the ITA (Chapters 71.05 and 71.34 RCW), including:

1.2.2.3.1. Reimbursing the county for court costs associated with ITA;

1.2.2.3.2. 24/7 availability of DMHPs to conduct assessments and emergency detentions; and

1.2.2.3.3. 24/7 availability of DMHPs to file petitions for detentions and provide testimony for ITA services.

1.2.2.4. Administration of the chemical dependency ITA in accordance with RCW 70.96A.120 and RCW 70.96A 140, including the availability of a Designated Chemical Dependency Specialist (DCDS) to:

1.2.2.4.1. Provide services to identify and evaluate alcohol and drug involved Consumers requiring protective custody, detention, or involuntary commitment services; and

1.2.2.4.2. Manage the case finding, investigation activities, assessment activities, and legal proceeding associated with CD ITA cases.

1.2.2.5. Provision of SUD crisis services on a short term basis to intoxicated or incapacitated Consumers in public, including:

1.2.2.5.1. General assessment of the Consumer's condition;

1.2.2.5.2. Interview for diagnostic or therapeutic purposes; and

1.2.2.5.3. Transportation home or to an approved treatment facility.

1.2.2.6. Operation of a behavioral health Ombudsman.

1.2.2.7. Manage the administration of the Mental Health Block Grant (MHBG) and the Substance Abuse Prevention and Treatment (SAPT) Block Grant, in accordance

with the local block grant plans, as approved by the regional Community Behavioral Health Advisory Board;

1.2.2.8. Manage the administration of the Criminal Justice Treatment Account (CJTA) funds in accordance with the North Central RSA CJTA panel plan; and

1.2.2.9. Manage the administration of state dollars and designated funding sources.

1.2.3. Services that must be available to non-Medicaid Individuals

Certain services must also be provided to Consumers who are not eligible for Medicaid, the awarded Contractor will provide the following additional services on a regional basis for non-Medicaid Consumers:

1.2.3.1. Evaluation and Treatment (E&T) services, for individuals detained in accordance with RCW 71.05 and RCW 71.34 and pursuant to court order;

1.2.3.2. Residential SUD treatment services, for individuals detained in accordance with RCW 70.96A.140; and

1.2.3.3. Outpatient mental health or SUD treatment services, in accordance with a Less Restrictive Alternative (LRA) court order and monitoring compliance with LRA court orders (RCW 71.05.320).

After prioritization of funds for services described in this section, the awarded Contractor also has discretion to provide non-crisis behavioral health services to low-income individuals (under 220% of the Federal Poverty Level) who are uninsured and not eligible for Medicaid. The awarded Contractor is expected to prioritize the use of Available Resources for non-crisis services on SAPT block grant priority populations or on populations that have excessively utilized crisis services, emergency department services due to a mental health condition or SUD, detoxification services, or sobering services, as identified in Attachment 1, Draft Sample BH-ASO Contract.

1.2.4. Other new aspects of the program include the following:

1.2.4.1. Consent to Release

Before any SUD treatment is disclosed, the awarded Contractor or contracted providers must ensure they have a current Consumer (or legal guardian) signed consent to release the information. Notices must include a disclosure of information concerning a Consumer in alcohol/drug treatment. This information from records is protected by federal confidentiality rules, 42 C.F.R. Part 2. The federal rules prohibit the awarded Contractor from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

1.2.4.2. Integrated Managed Care Partnership

Each MCO contracted through RFP1812 is required to subcontract with the awarded Contractor, for the provision of crisis services to their enrollees. If a MCO's enrollee is placed on a Less Restrictive Alternative (LRA) court order, the MCO is responsible for monitoring compliance and offering mental health services in compliance with the LRA requirements, per RCW 71.05.320. Additionally, if an involuntary detention ensues from contact with the crisis system and a MCOs enrollee is detained to a free-standing Evaluation and Treatment facility, a hospital-based evaluation and treatment bed, or SUD

residential treatment, the MCO is responsible for the provision of all services as ordered by the court. MCOs are also responsible for ensuring medically necessary crisis diversion and crisis stabilization services are available to their enrollees.

The awarded Contractor and MCOs are expected to operate in very close coordination with one another and may need to establish data-sharing agreements to monitor the needs and utilization of any Medicaid enrollee who accesses a crisis service through the awarded Contractor, and to provide notification of eligibility changes for Consumers whose Medicaid eligibility changes frequently (e.g. spend-down population, etc.). Additionally, the awarded Contractor is expected to coordinate with the statewide foster care MCO in the event that a foster child in the North Central RSA accesses crisis services.

1.2.4.3. Accountable Community of Health Partnership

As part of the Healthier Washington initiative and authorized in E2SHB 2572, Accountable Communities of Health (ACHs) are designated and operational in all Regional Service Areas. ACHs are groups of leaders from a variety of sectors in given geographic areas with a common interest in improving health and health equity. The North Central ACH has been designated as a formal ACH, and has begun a Whole Person Care Collaborative targeting primary care. The RFP1812 selected MCOs and the awarded Contractor are expected to participate in the regional ACH and coordinate closely with ACH partners on regional health improvement strategies.

1.2.4.4. Criminal Justice Treatment Account

In Integrated Managed Care regions, HCA will contract with the awarded Contractor for the administration of Criminal Justice Treatment Account (CJTA) funds. The CJTA funding amounts are provided in Attachment 1, Draft Sample BH-ASO Contract. Under RCW 70.96.A.350, each county must have an established CJTA panel that creates a local CJTA plan to determine how the CJTA funds will be distributed. The plan must be approved by the county legislative authorities and the state CJTA panel, and submitted to the awarded Contractor for implementation. The local CJTA panels will consist of:

1.2.4.4.1. County alcohol and drug coordinator;
1.2.4.4.2. County prosecutor;
1.2.4.4.3. County sheriff;
1.2.4.4.4. County superior court;
1.2.4.4.5. Substance use treatment provider appointed by the county authority; and
1.2.4.4.6. Representative of the county drug court (where there is a drug court).

While the awarded Contractor is not required to participate directly in the activities of the local CJTA panels, the awarded Contractor is required to administer the funds in accordance with direction provided in the local CJTA plan, which may provide details such as: target high-risk populations for service prioritization, preferred providers, or required contracting for the provision of drug court coordinators.

1.2.4.5. **Federal Block Grants**

The Department of Social and Health Services (DSHS) is a grantee of the Substance Abuse and Mental Health Service Administration (SAMSHA) Mental Health Block Grant (MHBG), and the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Currently, these federal block grants are contracted between DSHS and the Behavioral Health Organizations (BHOs), in regions other than Southwest Washington. In North Central, HCA will contract with the awarded Contractor for the administration of the MHBG and SAPT, and provide the awarded Contractor the allocation of block grants for the North Central region. The federal block grant funding levels are included in Exhibit I, Non-

Medicaid Funding Allocation. The block grants must be administered in accordance with the annual block grant plans, which are approved annually by a Community Behavioral Health Advisory Board (a board within the ACH) and subsequently approved by the state. Sample block grant plans are attached as Exhibit G, Sample Mental Health Block Grant Plan and H, Sample Substance Abuse Block Grant Plan. The awarded Contractor is required to participate in local block grant planning and priority setting as well as the local Community Behavioral Health Advisory Board (BHAB) which must endorse annual block grant project plans.

1.3. MINIMUM QUALIFICATIONS

The following are the minimum qualifications for bidders:

1.3.1. Licensed to do business in the state of Washington;

1.3.2. Submit a Letter of Intent to Propose by the March 31, 2017 deadline in order to submit a response to this RFP;

1.3.3. Bidder must be willing and able to obtain a surety bond if requested.

1.3.3.1. It is HCA's position, and as noted in the sample contract that the ASB cannot be subject to Title 48 RCW and will not be subject to regulation by the Washington State Office of the Insurance Commissioner (OIC);

1.4. FUNDING

1.4.1. Any contract awarded as a result of this procurement is contingent upon the availability of funding to HCA. In its sole discretion, HCA will determine whether the required amount of funding is available.

1.4.2. Funding

A maximum level of available funding for the Regional Service Area (RSA) will be determined by HCA and the awarded Contractor will receive monthly payments of state funds, and monthly allocations of federal block grant funds. The estimated allocation is provided in Exhibit I, Non-Medicaid Funding Allocation.

1.5. PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about January 1, 2018 and to end on December 31, 2019. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA intends that the Contracts awarded as the result of this RFP will be aligned with the changes to the Apple Health Managed Care contract, as appropriate to this program. Any changes made to the Apple Health Managed Care contract will be reviewed by HCA for inclusion into the FIMC Medicaid Contract. Behavioral health benefits may also be updated for parity and alignment with changes in state or federal law or funding.

1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.7. DEFINITIONS

Definitions for the purposes of this RFP include:

Accountable Community of Health (ACH) means a regionally governed, public-private collaborative or structure tailored by the region to align actions and initiatives of a diverse coalition of participants in order to achieve healthy communities and populations.

Actuarially Sound Capitation Rates means capitation rates that have been developed in accordance with generally accepted actuarial principles and practices; are appropriate for the populations to be covered and the services to be furnished under the Contract; have been certified by an actuary as meeting the requirements of 42 C.F.R. § 438.4; and otherwise meet all applicable requirements established in 42 C.F.R. § 438.4 and other applicable law.

Apparently Successful Bidder (ASB) – means the bidder selected as the entity to perform the anticipated services, subject to completion of contract negotiations and execution of a written contract.

Apple Health – Fully Integrated Managed Care (AH-FIMC) means the contracts for which this RFP is being issued, including the Fully Integrated Medicaid Contract and the Behavioral Health Services Wraparound Contract.

Available Resources means funds appropriated for the purpose of providing community MH and SUD programs; federal funds, except those provided according to Title XIX of the Social Security Act; and state funds appropriated by the Legislature during any biennium for the purpose of providing residential services resource management services, community support services, and other MH/SUD services

Behavioral Health means mental health and/or SUD conditions and related benefits.

Behavioral Health Integration means care provided to individuals of all ages, families, and their caregivers in a patient-centered setting by licensed primary care providers, behavioral health clinicians, and other care team members working together to address one or more of the following: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks/conditions, stress-related physical symptoms, preventative care, and ineffective patterns of health care utilization.

Behavioral Health Organization (BHO) means a single or multiple-county authority or other entity operating as a prepaid inpatient health plan through which the agency or the agency's designee contracts for the delivery of community outpatient and inpatient mental health and Substance Use Disorder services in a defined geographic area to Enrollees who meet Access to Care Standards.

Bidder – Individual or company interested in the RFP that submits a proposal in order to attain a contract with the Health Care Authority.

Business Hours means 8:00 a.m. to 5:00 p.m. Pacific Time, Monday through Friday.

Care Coordination means an approach to healthcare in which all of a Consumer's needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the Consumer and the Consumer's caregivers, and works with the Consumer to make sure that the Consumer gets the most appropriate treatment, while ensuring that care is not duplicated.

Criminal Justice Treatment Account means, pursuant to RCW 70.96.A.400, an account created in the State treasury for expenditures on: a) SUD treatment and treatment support services for offenders with an addiction of a SUD that, if not treated, would result in addiction, against whom charges are

filed by a prosecuting attorney in Washington State; b) the provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program

Consumer, for purposes of mental health Crisis Services, means any individual in the Regional Service Area regardless of income, ability to pay, insurance status or county of residence. With respect to non-Crisis Services, "Consumer" means per WAC 388.865.0150, a person who has applied for, is eligible for, or who has received GFS/SAPT services through this contract.

Contractor – mean an individual or company whose proposal under this RFP has been accepted by HCA and is awarded a fully executed, written contract.

Designated Mental Health Professional (DMHP) means a mental health professional appointed by the county or other authority authorized in rule, to perform the commitment duties described in Chapter 71.05 RCW

Designated Chemical Dependency Specialist (DCDS) means a person designated by the county alcoholism and other drug addiction program under RCW 70.76A.310 to perform the commitment duties described in Chapters 70.96A and 70.96B RCW.

Disconnected Populations means Consumers who either choose not to participate in programs or are unaware of their existence.

General Fund State/Substance Abuse Prevention and Treatment (GFS/SAPT) means the services provided by the awarded Contractor under the awarded Contract and funded by the Substance Abuse Prevention and Treatment (SAPT) Block Grant and General Fund State (GFS)

First Responders means police, sheriff, fire, emergency, medical and hospital emergency rooms, and 911 call centers

HCA – means the Health Care Authority, an executive agency of the state of Washington that is issuing this RFP.

Health Insurance Portability and Accountability Act (HIPAA) means the federal Health Insurance Portability and Accountability Act of 1996 and its amendments, an act designed to protect patient medical records and other health information provided to health care providers.

Indian/Tribal/Urban (I/T/U) Provider means the Indian Health Service and/or any Tribe, Tribal organization, or Urban Indian Organization which provides Medicaid-reimbursable services.

Involuntary Commitment means services employed to identify and evaluate alcohol and drug involved individuals requiring protective custody, detention, or Involuntary Commitment services in accordance with RCW 70.96A.120 and RCW 70.96A.140.. Activities include case finding, investigation activities, assessment activities, and legal proceedings associated with these cases.

Involuntary Treatment Act (ITA) means the Washington laws that allow for individuals to be committed by court order to a mental hospital or institution for a limited period of time. Involuntary civil commitments are meant to provide for the evaluation and treatment of individuals with a mental disorder and who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial commitment may last up to seventy-two (72) hours, but, if necessary, individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred eighty (180) calendar days (RCW 71.05.180, RCW 71.05.230 and RCW 71.05.290).

Managed Care Organization (MCO) means an organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA Consumers under HCA managed care programs.

Mental Health Block Grant (MHBG) means those funds granted by the Secretary of the Department of Health and Human Services (DHHS), through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), to states to establish or expand an organized community-based system for providing mental health services for adults with Serious Mental Illness (SMI) and children who are seriously emotionally disturbed (SED)

Outlier Provider means a provider who bills substantially more or less than most providers for the same number of Consumers they serve.

Proposal – A formal offer submitted in response to this solicitation.

Provider means an individual medical or Behavioral Health Professional, hospital, skilled nursing facility, other facility, or organization, pharmacy, program, equipment and supply vendor, or other entity that provides care or bills for health care services or products

Regional Service Area (RSA) means a single county or multi-county grouping formed for the purpose of health care purchasing.

Request for Proposals (RFP) – means this formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the bidder community to suggest various approaches to meet the need at a given price.

Substance Abuse Prevention and Treatment (SAPT) Block Grant means the Federal Substance Abuse Prevention and Treatment Block Grant (also known as the SABG Program) authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

Substance Use Disorder (SUD) means a condition in which the use of one (1) or more substances leads to a clinically significant impairment or distress

Systems of Care (SOC) means a spectrum of effective, community-based services and supports for Enrollees with or at risk for chronic conditions, including behavioral health conditions, or other challenges and their families. SOCs are organized into a coordinated network, build meaningful partnerships with Enrollees and their families, and address their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life

Wraparound with Intensive Services (WISe) means a range of services that are individualized, intensive, coordinated, comprehensive, culturally competent, and provided in the home and community. The WISe Program is for Youth who are experiencing mental health symptoms that are causing severe disruptions in behavior and/or interfering with their functioning in family, school, or with peers requiring: a) the involvement of the mental health system and other child-serving systems and supports; b) intensive care collaboration; and c) ongoing intervention to stabilize the Youth and family in order to prevent more restrictive or institutional placement.

1.8. ADA

HCA complies with the federal Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive this Request for Proposals in Braille or on tape.

2. GENERAL INFORMATION FOR BIDDERS

2.1 RFP COORDINATOR

The RFP Coordinator is the sole point of contact in HCA for this procurement. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

Name	Andria Howerton
E-Mail Address	contracts@hca.wa.gov
Mailing Address	PO Box 42702 Olympia, WA 98504-2702

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Bidder.

2.2 ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

Activity	Date	Time
Issue Request for Proposals	March 17, 2017	
Letter of Intent to Bid due	March 31, 2017	2:00 p.m. PT
Bidder Questions Due	April 13, 2017	2:00 p.m. PT
HCA Response to Questions (via RFP amendment)	April 20, 2017	
Proposals due	May 10, 2017	2:00 p.m. PT
Evaluate proposals	May 11, 2017 – June 1, 2017	
Announce "Apparently Successful Bidder" and send notification via e-mail to unsuccessful Bidders	June 9, 2017	
Debriefing conferences request deadline	June 14, 2017	2:00 p.m. PT
Negotiate contract	September 1, 2017	
Readiness Review	September 1, 2017 – October 31, 2017	
Begin contract work	January 1, 2018	

HCA reserves the right to revise the above schedule.

2.3 LETTER OF INTENT TO PROPOSE

To be eligible to submit a Proposal, a Bidder must submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFP Coordinator, listed in Section 2.1, and must be received no later than the date and time stated in the Procurement Schedule, Section 2.2. The subject line of the email must include the following: [Procurement #] – Letter of Intent to Propose – [Your entity's name].

The Letter of Intent to Propose may be attached to the email as a separate document, in Word or PDF, or the information may be contained in the body of the email, if preferred.

Information in the Letter of Intent to Propose should be placed in the following order:

2.3.1 Bidder's Organization Name;

2.3.2 Bidder's authorized representative for this Procurement (This representative will also be named the authorized representative identified in the Bidder's Proposal);

2.3.3 Title of authorized representative;

2.3.4 Address, Telephone number, and Email address;

2.3.5 Statement of intent to propose; and

2.3.6 A statement of how you meet ALL of the Minimum Requirements specified in Section 1.3 of the Procurement.

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met.

2.4 SUBMISSION OF PROPOSALS

Bidders are required to submit their Proposal by email only to the RFP Coordinator at the email specified in Section 2.1 of this RFP. Bidders are encouraged to submit their responses at least one (1) day early to ensure against unforeseen delivery issues. All attachments to the email must be formatted in Microsoft Office 2003 or newer or Adobe PDF. The subject line in the email must include the RFP number and title and the Proposal must be labeled with the date, RFP title, RFP number, and applicant's name.

The RFP Coordinator must receive the Proposal at the email address specified no later than the date and time specified in the RFP schedule. The Bidder is solely responsible for the timely delivery of their Proposal. HCA assumes no responsibility for delays caused by the Bidders service provider, unforeseen email issues, or other delivery systems regarding any documents relating to this RFP. Proposals may not be transmitted using facsimile transmission.

Late proposals will not be accepted and will be automatically disqualified from further consideration. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.5 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this competitive procurement will become the property of HCA. All proposals received will remain confidential until the Apparently Successful Bidder is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of your document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the Bidder is making the claim must be cited in Exhibit A, Letter of Submittal. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," and if HCA believes the Bidder's information is responsive to the request, then HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFP Coordinator is required. All requests for information should be directed to the RFP Coordinator.

2.6 REVISIONS TO THE RFP

If HCA concludes that it is necessary to revise any part of this RFP, addenda will be published on Washington's Electronic Bid System (WEBS). The website can be located at https://fortress.wa.gov/ga/webs/. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFP and will be placed on WEBS.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.7 DIVERSE BUSINESS INCLUSION PLAN (Exhibit D)

Bidders will be required to submit a Diverse Business Inclusion Plan (Exhibit D) with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal Governmental Rules included or referenced in the contract documents will apply.

2.8 ACCEPTANCE PERIOD

Proposals must provide 120 calendar days for acceptance by HCA from the due date for receipt of proposals.

2.9 COMPLAINT PROCESS

2.9.1 Vendors may submit a complaint to HCA based on any of the following:

2.9.1.1 The solicitation unnecessarily restricts competition;

2.9.1.2 The solicitation evaluation or scoring process is unfair; or

2.9.1.3 The solicitation requirements are inadequate or insufficient to prepare a response.

2.9.2 A complaint may be submitted to HCA at any time prior to five business days before the bid response deadline. The complaint must meet the following requirements:

2.9.2.1 The complaint must be in writing;

2.9.2.2 The complaint must be sent, and received by, the RFP Coordinator in a timely manner;

2.9.2.3 The complaint should clearly articulate the basis for the complaint; and

2.9.2.4 The complaint should include a proposed remedy.

2.9.3 The RFP Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the solicitation will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. The complaint may not be raised again during the protest period. HCA's action or inaction in response to the complaint will be final. There will be no appeal process.

2.10 RESPONSIVENESS

All proposals will be reviewed by the RFP Coordinator to determine compliance with administrative requirements and instructions specified in this RFP. The Bidder is specifically notified that failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.11 MOST FAVORABLE TERMS; INCORPORATION OF RFP INTO CONTRACT

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. HCA does reserve the right to contact a Bidder for clarification of its proposal.

HCA also reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

The Apparently Successful Bidder should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract resulting from this RFP will incorporate some, or all, of the Bidder's proposal.

The proposal will become a part of the official procurement file on this matter without obligation to HCA.

2.12 CONTRACT AND GENERAL TERMS & CONDITIONS

2.12.1 The Apparently Successful Bidder(s) (ASBs) will be expected to enter into a contract which is substantially the same as the Draft Sample BH-ASO Contract attached as Attachment 1. In no event is a Bidder to submit its own standard contract terms and conditions in response to this solicitation. The Bidder may submit suggested changes as allowed in the Certifications and Assurances form, Exhibit B to this solicitation. All suggested changes to the contract terms and conditions must be submitted as an attachment to Exhibit B, Certifications and Assurances form. HCA will review suggested changes and accept or reject the same at its sole discretion.

2.12.2 Bidders should note that HCA anticipates amendments to the current BH-ASO prior to January 1, 2018 which will also affect the contract resulting from this RFP.

2.13 COSTS TO PROPOSE

HCA will not be liable for any costs incurred by the Bidder in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related to responding to this RFP.

2.14 RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one responsive proposal as a result of this RFP, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the bidder complete the entire RFP. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.15 NO OBLIGATION TO CONTRACT

This RFP does not obligate the state of Washington or HCA to contract for services specified herein.

2.16 REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue a contract as a result of this RFP.

2.17 COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.18 ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The Apparently Successful Bidder will be provided a form to complete with the contract to authorize such payment method.

2.19 INSURANCE COVERAGE

The Contractor is to furnish HCA with a certificate(s) of insurance executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

The Contractor must, at its own expense, obtain and keep in force insurance coverage which will be maintained in full force and effect during the term of the contract. The Contractor must furnish evidence in the form of a Certificate of Insurance that insurance will be provided, and a copy must be forwarded to HCA within 15 days of the contract effective date.

2.19.1 Liability Insurance

2.19.1.1 Commercial General Liability Insurance: Contractor shall maintain commercial general liability (CGL) insurance and, if necessary, commercial umbrella insurance, with a limit of not less than $1,000,000 per each occurrence. If CGL insurance contains aggregate limits, the General Aggregate limit must be at least twice the “each occurrence” limit. CGL

insurance must have products-completed operations aggregate limit of at least two times the “each occurrence” limit. CGL insurance must be written on ISO occurrence from CG 00 01 (or a substitute form providing equivalent coverage). All insurance must cover liability assumed under an insured contract (including the tort liability of another assumed in a business contract), and contain separation of insureds (cross liability) condition.

Additionally, the Contractor is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

2.19.1.2 Business Auto Policy: As applicable, the Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than $1,000,000 per accident. Such insurance must cover liability arising out of “Any Auto.” Business auto coverage must be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage.

2.19.2 Employers Liability (“Stop Gap”) Insurance

In addition, the Contractor shall buy employers liability insurance and, if necessary, commercial umbrella liability insurance with limits not less than $1,000,000 each accident for bodily injury by accident or $1,000,000 each employee for bodily injury by disease.

2.19.3 Additional Provisions

Above insurance policy must include the following provisions:

2.19.3.1 Additional Insured. The state of Washington, HCA, its elected and appointed officials, agents and employees must be named as an additional insured on all general liability, excess, umbrella and property insurance policies. All insurance provided in compliance with this contract must be primary as to any other insurance or self-insurance programs afforded to or maintained by the state.

2.19.3.2 Cancellation. State of Washington, HCA, must be provided written notice before cancellation or non-renewal of any insurance referred to therein, in accord with the following specifications. Insurers subject to 48.18 RCW (Admitted and Regulation by the Insurance Commissioner): The insurer must give the state 45 days advance notice of cancellation or non-renewal. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation. Insurers subject to 48.15 RCW (Surplus lines): The state must be given 20 days advance notice of cancellation. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation.

2.19.3.3 Identification. Policy must reference the state’s contract number and the Health Care Authority.

2.19.3.4 Insurance Carrier Rating. All insurance and bonds should be issued by companies admitted to do business within the state of Washington and have a rating of A-, Class VII or better in the most recently published edition of Best’s Reports. Any exception must be reviewed and approved by the Health Care Authority Risk Manager, or the Risk Manager for the state of Washington, before the contract is accepted or work may begin. If

an insurer is not admitted, all insurance policies and procedures for issuing the insurance policies must comply with chapter 48.15 RCW and 284-15 WAC.

2.19.3.5 Excess Coverage. By requiring insurance herein, the state does not represent that coverage and limits will be adequate to protect Contractor, and such coverage and limits will not limit Contractor's liability under the indemnities and reimbursements granted to the state in this Contract.

2.19.4 Workers' Compensation Coverage

The Contractor will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. The state will not be held responsive in any way for claims filed by the Contractor or their employees for services performed under the terms of this contract.

3. PROPOSAL CONTENTS

3.1 PROPOSAL FORMAT (MANDATORY)

Proposals must be written in English and submitted in electronic format only. The Proposal email must include the date, RFP title, RFP number, and Bidder's name.

The Proposal must be prepared using 11-12 size Arial or Times New Roman font, doubled spaced.

The four (4) major sections of the proposal are to be submitted in the order noted below:

3.1.1 Exhibit A, Letter of Submittal,

3.1.2 Exhibit B, Signed Certifications and Assurances,

3.1.3 Exhibit C, RFP Evaluation Question, and

3.1.4 Exhibit D, Diverse Business Inclusion Plan

Proposals must provide information in the same order as presented in this document with the same headings.

Items marked "mandatory" must be included as part of the proposal for the proposal to be considered responsive; however, these items are not scored. Items marked "scored" are those that are awarded points as part of the evaluation conducted by the evaluation team.

3.2 LETTER OF SUBMITTAL (Exhibit A and B) (MANDATORY)

The Letter of Submittal and the attached Certifications and Assurances form (Exhibits A and B to this RFP) must be signed and dated by a person authorized to legally bind the Bidder to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship.

3.3 RFP EVALUATION QUESTIONS (EXHIBIT C) (SCORED)

Bidders must respond to the RFP Evaluation Questions as outlined in Exhibit C, RFP Evaluation Questions.

Bidders must respond and provide detailed information for all items and provide all information in the exact order specified in this section. The section numbers and titles must be restated in the Bidder's Proposal. Page limits for each question are noted. Please do not cut and paste responses into Exhibit C. Instead, provide a response as a separate document using the corresponding item number listed.

Failure to meet an individual requirement will not be the sole basis for disqualification; however, failure to provide a response to any scored requirements may be considered non-responsive and be the basis for disqualification of the application.

4. EVALUATION AND CONTRACT AWARD

4.1 EVALUATION PROCEDURE

4.1.1 Responsive proposals will be evaluated strictly in accordance with the requirements stated in this solicitation and any addenda issued. Evaluations will only be based upon information provided in the Bidder's Proposal. In those cases where it is unclear to what extent a requirement has been addressed, the RFP Coordinator may, at his or her discretion, contact the Bidder to clarify specific points in a response. Bidders should take every precaution to assure that all answers are clear, complete and directly address the specific requirement.

4.1.2 All Proposals received by the stated deadline will be reviewed by the RFP Coordinator to ensure that the Proposals contain all of the required information requested in the RFP. Only responsive Proposals that meet the requirements will be forwarded to the evaluation team for further review. Any Bidder who does not meet the stated qualifications or any Proposal that does not contain all of the required information will be rejected as non-responsive.

4.1.3 Responsive Proposals will be reviewed and scored by an evaluation team using a point/weighted scoring system. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda that are issued.

4.2 EVALUATION WEIGHTING AND SCORING

4.2.1 The maximum number of evaluation points available is 350. The Mandatory Requirements are evaluated on a pass/fail basis. The following weighted points will be assigned to the Proposal for evaluation purposes.

Specific Criteria for RFP Evaluation:

Evaluation Criteria	Maximum Weighted Points Possible
RFP Compliance	N/A
Mandatory Management Review • Letter of Submittal and Certification and Assurances	N/A
Exhibit C, RFP Questions	350
Total	**350**

HCA reserves the right to award the contract to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.2.2 Responses that pass all Mandatory requirements will be further evaluated and scored. Evaluators will evaluate and assign a score to each Scored requirement based on how well the Bidder's response matches the requirement.

Evaluators will assign scores on a scale of zero (0) to ten (10) where the end and midpoints are defined as follows:

Score	Description	Discussion
0	No value	The Response does not address any component of the requirement or no information was provided.
1	Poor	The Response only minimally addresses the requirement and is missing components or components were missing.
3	Below Average	The Response only minimally addresses the requirement and the Bidders ability to comply with the requirement or simply has restated the requirement.
5	Average	The Response shows an acceptable understanding or experience with the requirement. Sufficient detail to be considered "as meeting minimum requirements."
7	Good	The Response is thorough and complete and demonstrates firm understanding of concepts and requirements.
10	Excellent	The Response has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a high level of experience with or understanding of the requirement.

A score of zero (0) on any Scored requirement may cause the entire response to be eliminated from further consideration

4.3 RFP EVALUATION QUESTION SCORING

The following is the scoring breakdown for each section of Exhibit C, RFP Evaluation Questions.

RFP Question Section	Question Numbers	Max Points
Organization and Experience	1-3	10
Financing and Payment	4-8	40
Crisis Response	9-17	110
Care Coordination	18-22	50
Crisis System Network	23-24	25
Information Systems/Claims	25-32	50
Utilization Management/Service Authorization	33-37	35
QM	38-41	30

4.4 FINAL SCORE AND APPARENTLY SUCCESSFUL BIDDER(S) (ASB)

4.4.1 The RFP Coordinator will compute the Bidder's Final Score by totaling the Section Scores from all evaluators and then averaging.

4.4.2 The Bidder with the highest combined scores will be invited to begin contract negotiations and participate in a Readiness Review (Section 4.7).

4.5 SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are scores separated by two percent or less in total points. If multiple Proposals receive a substantially equivalent score, HCA may leave the matter as scored, or select as the Apparently Successful Bidder the one Proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1.1 and 1.2 of this Procurement.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with equivalent scores.

4.6 NOTIFICATION TO BIDDERS

HCA will notify the Apparently Successful Bidder of its selection in writing upon completion of the evaluation process. Individuals or firms whose proposals were not selected for further negotiation or award will be notified separately by e-mail.

4.7 READINESS REVIEW

4.7.1 Once the ASB has been announced, HCA will schedule and conduct onsite Readiness Reviews on each ASB, tentatively scheduled between (September-October 2017).

4.7.2 HCA will send document request material to each ASB in July 2017.

4.7.3 Assuming no further corrective actions or other issues arise, HCA tentatively plans to have all reports finalized by the end of October 2017.

4.8 DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who submitted a proposal and was notified it was not selected for a contract may request a debriefing. The request for a debriefing conference must be received by the RFP Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three business days after the Unsuccessful Bidder Notification is e-mailed or faxed to the Bidder. The debriefing must be held within three business days of the request.

Discussion at the debriefing conference will be limited to the following:

4.8.1 Evaluation and scoring of the firm's proposal;

4.8.2 Critique of the proposal based on the evaluation; and

4.8.3 Review of Bidder's final score in comparison with other final scores without identifying the other firms.

Comparisons between the Bidder's proposal and any other proposals or evaluation will not be allowed. HCA will not send any written summary or conclusion to the Bidder after the debriefing conference.

Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.9 PROTEST PROCEDURE

4.9.1 Protests may be made only by Bidders who submitted a response to this solicitation document and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five business days to file a protest of the acquisition with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth business day following the debriefing conference. Protests may be submitted by e-mail or by mail.

Bidders protesting this procurement must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this procurement.

All protests must be in writing, addressed to the RFP Coordinator, and signed by the protesting party or an authorized agent. The protest must (1) state the RFP number, (2) explain the grounds for the protest with specific facts, (3) contain a complete statement of the action(s) being protested and (4) include a description of the relief or corrective action being requested.

4.9.2 Only protests alleging an issue of fact concerning the following subjects will be considered:

4.9.2.1 A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

4.9.2.2 Errors in computing the score; or

4.9.2.3 Non-compliance with procedures described in the procurement document or agency protest process or HCA requirements.

4.9.3 Protests not based on the above subjects will not be considered. Protests will be rejected as without merit if they address issues such as: 1) an evaluator's professional judgment on the quality of a proposal; or 2) HCA's assessment of its own and/or other agencies needs or requirements.

Upon receipt of a protest, a protest review will be held by HCA. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the procurement, will consider the record and all available facts. A final HCA decision will be issued within five business days of receipt of the protest. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. If additional time is required, the protesting party will be notified of the delay.

If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA will invite such Bidder to submit its views and any relevant information on the protest to the RFP Coordinator.

4.9.4 The final determination of the protest will:

4.9.4.1 Find the protest lacking in merit and uphold HCA's action; or

4.9.4.2 Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

4.9.4.3 Find merit in the protest and provide options to the HCA director or his/her designee , which may include:

4.9.4.3.1 Correct the errors and re-evaluate all proposals; or

4.9.4.3.2 Reissue the solicitation document and begin a new process; or

4.9.4.3.3 Make other findings and determine other courses of action as appropriate.

4.9.5 If HCA determines that the protest is without merit, HCA will enter into a contract with the Apparently Successful Bidder (assuming the parties reach agreement on the contract's terms). If the protest is determined to have merit, one of the alternatives noted in the preceding paragraph will be taken.

5. RFP EXHIBITS & ATTACHMENTS

Exhibit A	Letter of Submittal
Exhibit B	Certification and Assurances
Exhibit C	Evaluation Questions
Exhibit D	Diverse Business Inclusion Plan
Exhibit E	NCBH Mental Health Investigations, Detentions and SUD ITA Admissions
Exhibit F	Mental Health Outpatient, MH Inpatient, and SUD Service Utilization
Exhibit G	Sample Mental Health Block Grant Plan
Exhibit H	Sample Substance Abuse Block Grant Plan
Exhibit I	Non-Medicaid Funding Allocation
Attachment 1	Draft Sample BH-ASO Contract (Attached as a separate document)

EXHIBIT A

Letter of Submittal

Bidder must provide all requested information in the space provided next to each numbered section below. Be advised that HCA retains review rights regarding subcontractors and may require copies of all subcontracts related to this project.

Many of the questions require additional information if you answer "yes". Please provide your response in the space provided unless otherwise directed to submit on a separate page. If you are directed to provide answers on a separate page, please identify the question and corresponding question number that you are responding to and attach that document to Exhibit A.

A. COMPANY INFORMATION:

(a)	Firm Legal Name*	
	Street Address	
	Mailing Address: Delivery Address	
	City, State, ZIP	

***Legal Name Verification**: Many companies use a "Doing Business As" name or a nickname in their daily business. However, the State requires the legal name of your company as it is legally registered in the State of Washington or the state in which your company was registered. Enclose proof of the legal name of your company from the Secretary of State's Office, Washington State Business Licensing Service (http://bls.dor.wa.gov/) or your state's equivalent if not a Washington business.

(b)	DBA (if any)		
	Telephone Number		
	Area Code:	Number:	Extension:

(c)	Toll Free Number		
	Area Code:	Number:	Extension:

(d)	Email Address

(e)	A list identifying which parties of the organization have the authority to sign contracts/amendments on behalf of the firm.

(f)	Names, addresses, e-mail addresses and telephone numbers of the sole proprietor, partners, or principal officers as appropriate to the organization		
	Name & Title:		
	Address:		
	Email Address:		
	Telephone Number		
	Area Code:	Number:	Extension:

(g)	Primary Contact Person for Questions/Contract Negotiations, including address if different than above		
	Name & Title:		
	Address:		
	Email Address:		
	Telephone Number for Contact Person		
	Area Code:	Number:	Extension:

Double-Click in checkbox to select

(h)	Legal Status	☐ Partnership ☐ LLP ☐ Corporation ☐ LLC ☐ Government ☐ Sole Proprietorship ☐ S-Corporation ☐ Non Profit (501c3)*

*Organizations claiming status under Section 501(c)(3) of the Internal Revenue Code must provide a copy of the determination letter that recognizes that status.

Double-Click in checkbox to select

(i)	WA State UBI		☐YES ☐NO

Bidder must be licensed in the state of Washington before any resulting contract is executed. **If no current UBI** affirm that your organization will obtain a business license before executing contract.

If the State of Washington has exempted your business from state licensing, submit proof of that exemption. (For example, some foreign companies are exempt and in some cases, the State waives licensing because the company does not have a physical presence in the State). All costs for any licenses, permits and associated tax payments due to the state as a result of licensing shall be borne by the vendor and not charged to the HCA.

Double-Click in checkbox to select

(j)	Statewide Vendor Number (SWV)		☐YES ☐NO

Bidder must be registered with the Washington State Department of Enterprise Services as a statewide vendor. **If no current SWV number**, affirm that your organization will obtain a SWV number within ten (10) days of executing contract.

The State of Washington prefers to utilize electronic payment in its transactions. The successful contractor will be expected to register as a statewide vendor. This allows Contractors to receive payments from all participating state agencies by direct deposit, the State's preferred method of payment. Forms necessary for registration can be obtained at: http://www.des.wa.gov/services/contractingpurchasing/business/vendorpay/Pages/default.aspx.

(k)	Federal Tax Identification Number	

(l)	Dun & Bradstreet Number (DUNS)	

DUNS is a unique nine-digit sequence of numbers issued by Dun and Bradstreet to a business entity. Any organization that has a Federal contract or grant must have a DUNS Number.

(m)	MWBE Certification Number	

Proof of certification by the Washington State Office of Minority & Women's Business Enterprises for your business or for subcontractors must be attached to your letter of submittal. Proof of Federal certification as a Minority, Women-Owned, or Disadvantaged business is acceptable.

Double-Click in checkbox to select

(n)	Subcontractor (s)	☐YES ☐NO (If yes, then complete and provide information identified below for each subcontractor)

A Bidder's failure to provide this information may cause the state to consider the proposal non-responsive and reject it. The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the project director. The contractor is liable and responsible for all subcontractor work. All issues dealing with the subcontractor are the responsibility of the contractor.

Please attach any subcontractor information to Exhibit A. Information needed for Subcontractors:

a. Legal Name, Address, Federal Employer Identification Number (FEIN)
b. Contact Person Name, Title, Telephone Number, and E-mail Address
c. Identify if subcontractor is a minority owned, women owned, veteran owned, or disadvantaged business. If yes, include the percentage and dollar amount of their participation.
d. Services to be provided by subcontractor.
e. Has the subcontractor had a contract terminated for default within the last five years?
f. Has the subcontractor, including any of its officers or holder of controlling interest; presently or been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal contracts or grants by any federal department or agency?
g. If the subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date.

B. TERMINATION FOR DEFAULT

(a)	Has Bidder had a contract terminated for default within the last five years?	☐YES ☐NO

If yes, submit full details including the other party's name, address, and telephone number. The Bidder must specifically grant HCA permission to contact any and all involved parties and access to any and all information HCA determines is necessary to satisfy its investigation of the termination. HCA will evaluate the circumstances and may, at its sole discretion bar the participation of the Bidder from this solicitation. *If discovered post contract award, failure to disclose any termination for default will result in termination of the contract with liquidated damages.*

C. CONTRACTS WITH HCA

(a)	Has the Bidder contracted with the HCA during the past 24 months?	☐YES ☐NO

If yes, indicate the name of the agency, the contract number and project description and/or other information available to identify the contract.

D. STATE OR FEDERAL DEBARMENT CERTIFICATION

(a)	Is the Bidder, including any of its officers or holder of controlling interest; presently or been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal contracts or grants by any federal department or agency?	☐YES ☐NO

E. CONFLICT OF INTEREST INFORMATION: Failure to fully disclose any real or potential conflict of interest may result in disqualification of the Bidder or Termination for Default of any contract with the Bidder resulting from this solicitation if discovered post contract award.

(a)	If the Bidder's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date.	☐YES ☐NO

If yes, state their positions within your organization, proposed duties under any resulting contract, their duties and position during their employment with the state and the date of their termination from state employment.

Indicate whether individual providing services retired using the 2008 Early Retirement Factors (ERF) or whether the company is owned by an individual who retired under the ERF and receiving compensation as a result of the contracted service.

(b)	Is any owner, key officer or key employee of the Bidder related by blood, marriage, or qualified domestic partner to an employee of HCA or has close personal relationship to the same?	☐YES ☐NO

If yes, identify the parties, their current or proposed positions and describe the nature of the relationship.

(c)	Is the Bidder aware of any other real or potential conflict of interest?	☐YES ☐NO

If yes, disclose the nature and circumstance of such potential conflict of interest. If after review of the information provided and the situation, HCA determines that a potential conflict of interest exists, HCA may, at its sole discretion, disqualify the Bidder from participating in this procurement.

F. ADMINISTRATIVE

(a)	Include a list of all RFP amendments downloaded by the Bidder from the WEBS and list in order by amendment number and date. If there are no RFP amendments, the Bidder must include a statement to that effect below this question.	☐YES ☐NO

G. CONFIDENTIALITY

(a)	Are there any pages in the proposal that the bidder has marked as "Confidential" or "Proprietary" (RFP Section 4.9)?	☐YES ☐NO

If yes, any information in the proposal that the successful Bidder desires to claim as proprietary and exempt from disclosure under the provisions of Chapter 42.56 must be clearly designated. The page must be identified and the particular exception from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word "Confidential" printed on the lower right hand corner of the page.

Include a separate piece of paper attached to **Exhibit A, Letter of Submittal** indicating the pages that have been marked "Confidential" and the particular exception from disclosure upon which the Bidder is making the claim.

AUTHORIZED SIGNATURES:

By signing below you hereby certify that you are an authorized representative of your firm/company and empowered to negotiate, enter into, and execute, in the name and on behalf of your firm/company, any agreements or documents associated with this RFP and to bind your firm/company to the obligations stipulated therein.

Name of Individual(s) Authorized to Bind the Organization	
Printed Name:	Title:

Signature ***(Individual must be authorized to Bind the Organization)***	
Signature:	Date:

Exhibit B
CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.

2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.

3. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.

4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.

5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.

6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.

7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.

8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFP.

10. If any staff member(s) who will perform work on this contract has retired from the state of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are / are not** submitting proposed Contract exceptions. (See Section 2.12, Contract and General Terms and Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. *If electronic, also include*: We are submitting a scanned signature of this form with our proposal.

Signature of Bidder

Title Date

Exhibit C

Evaluation Questions

P/F: Pass/Fail. Question is not scored but is reviewed on either having the requirements or not.

S: Scored. Questions are scored based on RFP Section 4, Evaluation of the RFP

A. Organization and Experience

1. (P/F) Using the grid provided below, list the proposed location(s) to administer each of the following required functions; include all information requested on the grid. For any subcontractor(s) that will perform functions, in whole or in part, fill in a grid for them separately as it relates to each subcontractor's location. If hours of operation vary by function, or when multiple locations will be used to carry out the same functions, fill out a separate grid to cover each scenario.

    a. Customer service/information and referral

    b. Utilization management (UM).

    c. Care management (CM).

    d. Network development and contracting.

    e. Provider relations.

    f. Quality management (QM).

    g. Information technology.

    h. Claims administration

    i. Staff and provider training.

    j. Government/community/tribal liaison.

    k. Program Integrity and compliance

Name of Location		
City, state, zip		
Date first operational at this location	Month/Year	
Hours of operation	***From***	***To***
Monday — Friday	*am/pm*	*am/pm*
Saturday/Sunday/Holidays	*am/pm*	*am/pm*
Listed functions provided by:	☐ Bidder	☐ Subcontractor
Functions to be provided at this location under these hours of operation. (List by corresponding letter from above).	☐A ☐B ☐C ☐D ☐ E ☐F ☐G ☐ H ☐I ☐J ☐K	

2. (S, Max 5 points) Submit the Bidder's organizational chart(s) with an attached narrative that explains the chart(s) in regards to the following categories of information:

    a. For any key personnel or managerial staff positions identified on your organizational chart(s) that are less than full-time, provide the rationale for the time allocation for that position.

        i. Customer services/information and referral;

ii. Crisis response system, including crisis hotline and mobile outreach;

iii. Utilization Management;

iv. Care Management;

v. Network development and contracting;

vi. Provider relations;

vii. Quality Management;

viii. Information technology;

ix. Claims administration;

x. Staff and provider training;

xi. Government/community liaison; and

xii. Program Integrity and Compliance.

b. List the departments and reporting structure for all personnel.

c. List key positions, managerial positions, and qualified operational staff.

i. Key personnel and managerial staff positions should be individually reflected in the organizational chart.

ii. Qualified operational staff should be rolled up by functional area.

d. Include all lines of authority and responsibility for each of the functional areas listed in section a, above.

e. If any services will be delegated, reflect the primary individuals responsible for oversight of each delegated entity. Additionally, for any service that the Bidder currently delegates, or expect to delegate to another entity, provide the following information: (If the Bidder does not intend to delegate any services simply write N/A.)

i. Description of how the Bidder selected and qualified the delegated entity.

ii. The Bidder's plan, including timelines, for the monitoring and oversight of the delegated services.

iii. Acknowledgement of whether the delegated entity filed for bankruptcy in the most recent five (5) calendar years.

iv. Acknowledgement of whether the delegated entity has had any negative audit findings in the most recent two (2) years.

Page Limit: no page limit

3. (S, Max 5 points) Describe how the Bidder has managed comparable Behavioral Health (BH) services in the most recent three (3) calendar years. Provide the following information separately for each customer listed. In addition to the information in the grids, provide a narrative on how the listed contract(s) best demonstrate your ability to fully satisfy Attachment 1, Draft Sample BH-ASO Contract.

Customer Name: Contract #:	**Contract #:**
Type of contract (e.g., carve-out, carve-in)	
Financial arrangement (e.g., full risk, partial risk, Administrative Services Organization [ASO])	
Service area (e.g., statewide, single county)	
BH services provided by Bidder's Entity	
If terminated, date and reason for termination	

Page Limit: two (2) page limit for narrative

B. Financing and Payment

4. (S, Max 5 points) Describe the overall financial strength of the Bidder's entity, and include in detail each of the following:

    a. Verify that the Bidder will be able to pay for all services required under the contract prior to receiving reimbursement from the state.

    b. Describe how much money the Bidder believes the BH-ASO will need to hold in reserve on a monthly basis to ensure that all services and expenses are paid timely, prior to receiving reimbursement from the state.

    c. In conjunction with the answer to "b" above, describe and explain how many months the Bidder could remain fully solvent prior to receiving any reimbursement from the state.

    d. (Production of Documents) In addition to the written answers, provide a copy of the Bidder's most recent financial audit.

Page Limit: no page limit

5. (S, Max 10 points) Does the Bidder have accounting and reporting systems that track and identify expenditures by fund source?

    a. If yes, identify the type of system used, and describe the Bidder's experience in producing standard and ad-hoc financial reports for submission to the State; and

    b. Provide an example report that shows the identification of expenditures by fund source.

    c. If no, describe how these systems will be developed.

Page Limit: one (1) page

6. (S, Max 5 points) Describe the Bidder's plan for providing support and technical assistance to behavioral health providers on:

    a. Submitting HIPAA-Compliant encounters before go live; and

    b. Rapidly resolving rejected encounters, to quickly identify and resolve errors in encounter submission before they become widespread and systemic, and to address other billing issues post go-live.

7. (S, Max 15 points) Describe the Bidder's reimbursement methodology and reconciliation process to ensure timely payment to Providers.

   Page Limit: two (2) pages

8. (S, Max 5 points) Indicate whether the Bidder has been subject to any remedial actions, including corrective action plans, withholding of funds, performance penalties or denial of incentive payments.

   If yes, list each government/public sector customer(s) who imposed the remedial actions and provide the following information:

   a. The date of the remedial action.

   b. The type of remedial action or amount.

   c. The reason for each remedial action.

   d. The actions taken to improve performance.

   e. The time period elapsed to correct the deficiency that precipitated the remedial action.

   Page Limit: no page limit

C. Crisis Response

9. (S, Max 15 points) Provide an overview of how the Bidder intends to administer the following crisis services, including an explanation of how the Bidder will address the unique rural challenges of the North Central region:

   a. Twenty-four/seven (24/7) mobile crisis outreach teams;

   b. Twenty-four/seven (24/7) availability of Designated Mental Health Professionals (DMHP);

   c. Twenty four/seven (24/7) access to a Designated Chemical Dependency Specialist to perform duties of RCW 70.96A.140;

   d. Comprehensive crisis screening;

   e. Crisis diversion services;

   f. Crisis stabilization services;

   g. Evaluation & treatment services for the non-Medicaid population.

   Page Limit: no page limit

10. (S, Max 15 points) Describe how the required toll-free crisis services line will be organized to provide screening, triage, information, and referral for BH services. Please differentiate the Bidder's answers between business hours and after hours. Address the following:

    a. How the hotline and customer service line will be staffed twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.

    b. The clinical level of crisis hotline staff, including supervisors and trained staff and peers handling incoming crisis calls and providing recovery-focused approaches to crisis response.

c. How the Bidder will train customer service and other staff during and after business hours on the requirements of the contract, the Washington State delivery system, and the complex needs of both children and adults with serious BH conditions.

d. How the crisis hotline staff will assess the level of crisis (emergent, urgent or routine) and assure appropriate disposition for emergent situations.

e. Describe crisis hotline staffing during high call volume periods to minimize placing crisis callers on hold.

f. Describe the referral process for non-emergent crises and what resources will be used, including referral to social and community service and provision of 211 information. Describe how these resources will be kept current.

g. Describe how the crisis line coordinates/triages with the DMHPs.

Page Limit: four (4) pages

11. (S, Max 15 points) Describe how the Bidder's technology and reporting infrastructure will support the toll-free crisis services line. Address the following:

    a. How the crisis hotline will establish technical capacity to patch into or from 911. Describe what technology and metrics will be used to monitor and adjust staffing for high call volume periods.

    b. How the crisis hotline will utilize instant messaging technology to maximize call triage, and incorporate the information into clients' records.

    c. Document the telephone capacity for warm-line transfer to crisis providers, live or recorded call monitoring, and other features.

    d. Document how the standards for call wait times are monitored and considered in continuous quality improvement activities.

    e. Describe how the Bidder will triage calls, prior to placing a caller on hold.

    f. Describe the content of any recordings used during and after business hours when the individuals that serve are on hold or in the queue waiting for assistance.

    Page Limit: three (3) pages

12. (S, Max 10 points) Describe the Bidder's experience in administering contracts for an inbound crisis call center (e.g., hotline and mobile crisis dispatch). Describe the call center operations and identify the location(s) where services were provided. If delegating this function, describe the experience of the delegated organization.

    For each location identified for this question, indicate the most current annual totals for the following metrics, and indicate the contract performance measures or goals associated with each metric:

    a. Percent of crisis calls answered within fifteen (15) seconds.

    b. Percent of crisis calls placed on hold, and average hold time.

    Page Limit: two (2) pages

13. (S, Max 15 points) Explain how, within Available Resources, the Bidder will provide or contract for stabilization services to individuals (not covered by Medicaid) in the Consumer's home, or other home-like setting, or a setting which provides safety for the individual and the individual providing the services. Stabilization services are referred to in WAC 388-877A-0260.

    Page Limit: two (2) pages

14. (S, Max 15 points) Describe how the Bidder will coordinate the delivery of crisis services for individuals participating in high-intensity programs that have crisis response components within their design, such as the Wraparound with Intensive Services (WISe) program or Program of Assertive Community Treatment (PACT) teams. Additionally, describe how the Bidder will coordinate to ensure clients who are eligible and may benefit from these services are being referred or connected to the programs.

    Page Limit: two (2) pages

15. (S, Max 5 points) Describe how the Bidder will ensure a comprehensive communication program to provide all Consumers/potential Consumers, providers, First Responders, hospitals, and stakeholders in the region with appropriate information about BH benefits and services offered by the BH-ASO, including crisis contact information and toll-free crisis telephone numbers:

    a. Include a description of the standard materials to be included in the communications program at no additional cost to the State.

    b. Describe how the Bidder will ensure that First Responders, providers and Consumers in the North Central RSA are aware of the changes to the crisis system and know how to access necessary information to obtain services or refer to services.

    c. Address how the Bidder's process reflects the transient lifestyle of some BH Consumers.

    d. Address how the Bidder's process ensures cultural competency.

    e. Provide an example of the Bidder's member communications.

    Page Limit: three (3) pages + five (5) additional pages for examples.

16. (S, Max 10 points) Describe how the Bidder will partner with community organizations, tribes, the MCOs, emergency departments, and First Responders to:

    a. Develop an early warning system to expedite identification and resolution of critical problems during the first twelve (12) months of the contract.

    b. Coordinate and collaborate with MCOs on care coordination strategies for high-risk Consumers who have accessed crisis services, and are enrolled in a fully-integrated managed care plan.

    c. Establish data sharing agreements with MCOs to ensure seamless care coordination for high-risk Consumers.

    Page Limit: two (2) pages

17. (S, Max 10 points) Provide an example of the Bidder's success in managing a crisis system and emergency department utilization, including use of peers or recovery-focused crisis approaches.

    Page Limit: two (2) pages

D. Care Coordination

18. (S, Max 10 points) Describe how the Bidder will promote coordination, continuity, and quality of care, addressing the following:

    a. Strategies to reduce unnecessary crisis system utilization;

    b. Facilitate sharing of information, and care transitions among various settings and on weekends and evenings, for example, jails, prisons, hospitals and residential treatment centers, detoxification and sobering centers, and homeless shelters with appropriate Consumer authorizations. Facilitate coordination between service providers for Consumers with complex behavioral health and medical needs;

    c. Facilitate Continuity of Care, within Available Resources, for Consumers in an active course of treatment for an acute or chronic behavioral health condition, including preserving Consumer-provider relationships through transitions.

    Page Limit: four (4) pages

19. (S, Max 15 points) Describe how the Bidder will improve communication and the sharing of confidential information, in compliance with 42 C.F.R. Part 2, between the crisis system, community BH providers, First Responders, hospitals, primary care providers, and MCOs. Include the following:

    a. How the Bidder will share a Consumer's care plan or diagnosis with the Consumer's primary care provider, emergency physicians, or the Consumers managed care plan, in cases where the Consumer has a mental health or substance abuse diagnosis and when a Consumer has just experienced a crisis.

    b. How the Bidder will share confidential information pursuant to a court order.

    c. How the Bidder will ensure a written and signed disclosure with consent for SUD treatment is obtained, in compliance with state and federal regulations.

    Page Limit: three (3) pages

20. (S, Max 15 points) Describe how the Bidder will conduct outreach and CM to manage high needs, high cost, or Disconnected Populations. Include the following:

    a. How the Bidder will identify and prioritize individuals who have frequently accessed the crisis system, emergency department, detox facilities, or sobering center.

    b. How the Bidder will conduct outreach and engagement activities.

    c. Provide an example of an outreach program the Bidder has conducted, and how the Bidder measured its success

    d. How the Bidder will manage the needs of a rural population.

    Page Limit: three (3) pages

21. (S, Max 5 points) Provide the Bidder's plan to promote relapse/crisis prevention planning and outreach for individuals with a history of frequent readmissions, crisis system utilization, or incarceration. Describe how those strategies take advantage of flexibility provided through non-Medicaid funding sources to provide direct crisis intervention and stabilization.

    Page Limit: two (2) pages

22. (S, Max 5 points) Describe how the Bidder will ensure that Federal Block Grants and Criminal Justice Treatment Account (CJTA) funds are expended in accordance with the priorities set forth in the local plans, and approved by the corresponding Community Behavioral Health Advisory Board or CJTA panel, and the state. The current local block grant plans are attached as Exhibit G, and H.

    Page Limit: two (2) pages

E. Crisis System Network

23. (S, Max 15 points) Provide a detailed description of the Bidder's mental health crisis system network that demonstrates the following:

    a. The network is supported by signed contracts.

    b. The network ensures access to Designated Mental Health Professionals, designated as such by Chelan, Douglas, and Grant Counties, to perform detention duties specified in chapter 71.05 RCW and chapter 71.34 RCW, the Involuntary Treatment Act.

    c. Is sufficient to provide 24/7/365 access to a crisis hotline that will provide crisis triage, referral and mobile crisis dispatch. Include signed agreements with any providers or organization(s) that will manage the crisis hotline, if subcontracted.

    d. Is sufficient to provide crisis services to Chelan, Douglas, and Grant counties within two (2) hours for emergent situations, and twenty-four (24) hours for urgent situations. Include signed agreements with providers who will participate in mobile crisis outreach.

    e. Is sufficient to provide Evaluation and Treatment services to the non-Medicaid population, based on expected utilization and historical ITA data provided in Exhibits E. Include signed contracts with providers.

    f. Considers expected utilization, provider requirements (number and type), provider capacity, and location and physical access to providers. Include how language and cultural considerations will be addressed.

    Page Limit: four (4) pages + signed contracts.

24. (S, Max 10 points) Provide a detailed plan that describes the Bidder's program for SUD involuntary commitment (RCW 70.96.A.140), including contracts with all entities with a required role in the involuntary commitment process, including the following:

    a. Signed contracts that ensure access to a Designated Chemical Dependency Specialist to conduct involuntary commitments.

    b. Signed contracts that demonstrate adequate bed capacity for SUD residential treatment for the non-Medicaid population, based on expected utilization and historical data on SUD involuntary commitments provided in Exhibit E.

    c. A process for managing the waitlist, to reduce wait times and repetitive admissions paperwork.

    Page Limit: one (1) page + signed contracts

F. Information Systems/Claims

25. (S, Max 5 points) Describe how the Bidder, or if delegated, the subcontractor's information systems will support:

    a. State Only/SAPT Block Grant determinations of service authorization;

b. How authorization for services will be automated and clinical review completed;

c. How determination for use of State Only/Federal Block Grant funds will be tracked and maintained for reporting purposes;

d. How separate service use accounting by fund source will be maintained;

e. How the Bidder will provider reasonable assurance that its managing federal awards in compliance with laws, regulations and provisions of the contract; and

f. How the Bidder will ensure Federal Block Grant funds are used only for services to individuals who are not Medicaid recipients or is a Medicaid recipient but services are not allowable under Medicaid.

Page Limit: four (4) pages

26. (S, Max 10 points) Describe the Bidder's plan to track utilization data for GFS/SAPT/MHBG/CJTA services to optimize availability of services throughout the calendar year, while minimizing service disruption due to lack of availability of funds.

Page Limit: two (2) pages

27. (S, Max 5 points) Describe any tools or reports that the Bidder will share in order to assist providers in tracking expenditures by funding source.

Page Limit: two (2) pages

28. (S, Max 10 points) How will the Bidder support providers through the credentialing process to reduce the burden as much as possible and include a description of how the Bidder will implement credentialing at the provider agency level?

Page Limit: two (2) pages

29. (S, Max 5 points) Describe, on average, how many days it takes the Bidder's system to completely implement a new benefit, including procedures and supporting infrastructure to authorize benefits, load providers, pay claims, and report encounter data. Provide evidence of expediency in claims payment over the past year.

Page Limit: one (1) page

30. (S, Max 5 points) Describe the Bidder's procedures for coordination of benefits with other insurers to ensure state and federal programs are the payer of last resort. Address the following:

a. How GFS/SAPT services will be administered for members with other coverage;

b. How will the Bidder identify other coverage and make system edits; and

c. Experience with post-payment recoveries for third party liability.

Page Limit: three (3) pages

31. (S, Max 5 points) Describe the Bidder's experience with timely submission of encounter data to the state Medicaid Management Information System (MMIS). Include corrective processes for encounters that did not pass the MMIS validation process, and further include the Bidder's plan for working with providers to correct encounters that did not pass the MMIS.

Page Limit: two (2) pages

32. (S, Max 5 points) Describe the Bidder's experience conducting eligibility validation processes and use of Medicaid IDs.

Page Limit: two (2) pages

G. Utilization Management (UM) Program/Service Authorization

33. (S, Max 5 points) Describe the Bidder's experience with implementing a comprehensive fraud and abuse monitoring program.

    Page Limit: three (3) pages

34. (S, Max 5 points) Describe the Bidder's experience and planned approach to conducting eligibility assessments for non-crisis behavioral health services.

    Page Limit: two (2) pages

35. (S, Max 10 points) Describe the Bidder's methodology to prioritize funds for the provision of crisis services and to determine funding to provide non-crisis BH services to the non-Medicaid population.

    Page Limit: two (2) pages

36. (S, Max 10 points) Describe how the Bidder will use data, evidence based guidelines, and/or clinical decision support tools to streamline and support UM decisions for BH services and programs. Include the following:

    a. Which levels of care or populations will be targeted.

    b. The types of data, guidelines, of clinical decision support tools to be used, differentiating between mental health and substance use disorder.

    c. The interventions that will be utilized with any case or provider Outlier.

    Page Limit: two (2) pages

37. (S, Max 5 points) Describe The Bidder's approach to training BH UM/CM staff. Address the following:

    a. The content of training; and

    b. The incorporation of recovery principles and EBPs.

    Page Limit: two (2) pages

H. Quality Management

38. (S, Max 15 points) Describe how the QM plan will be developed to address the following:

    a. Quality metrics.

    b. Necessary data sources and collection methods.

    c. Monitoring activities.

    d. How information will be shared.

    Page Limit: four (4) pages

39. (S, Max 5 points) Describe at least one (1) QM initiative that the Bidder has implemented to improve the health care service delivery in the Bidder's network. Identify the customer reference(s) that can verify the experience described.

Page Limit: two (2) pages

40. (S, Max 5 points) Provide examples that illustrate the Bidder's organizations experience in evaluating the effectiveness of crisis services in a region, identifying opportunities to improve those services, interventions made to achieve those improvements, and the results of the Bidder's interventions. Then describe how the Bidder would employ that experience in the NC region.

    Page Limit: four (4) pages

41. (S, Max 5 points) Describe how the Bidder will involve BH Consumers, family members, BH network providers, and other stakeholders in the development and ongoing work of a QM system that continuously meets all requirements of Attachment 1, Draft Sample BH-ASO Contract.

Page Limit: two (2) pages

Exhibit D

DIVERSE BUSINESS INCLUSION PLAN

Do you anticipate using, or is your firm, a State Certified Minority Business?	Y/N
Do you anticipate using, or is your firm, a State Certified Women's Business?	Y/N
Do you anticipate using, or is your firm, a State Certified Veteran Business?	Y/N
Do you anticipate using, or is your firm, a Washington State Small Business?	Y/N

If you answered No to all of the questions above, please explain:

_____

Please list the approximate percentage of work to be accomplished by each group:

Minority __%

Women __%

Veteran __%

Small Business __%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: _____

Phone: _____

E-Mail: _____

ITA Investigations by North Central Counties

North Central	Chelan	Douglas	Grant	All
JAN2014	12	0	2	14
FEB2014	12	0	1	13
MAR2014	11	0	8	19
APR2014	12	0	4	16
MAY2014	27	1	2	30
JUN2014	19	0	5	24
JUL2014	11	0	6	17
AUG2014	13	0	2	15
SEP2014	11	0	4	15
OCT2014	13	0	7	20
NOV2014	19	0	4	23
DEC2014	20	0	5	25
JAN2015	11	0	6	17
FEB2015	22	0	3	25
MAR2015	27	0	7	34
APR2015	25	0	9	34
MAY2015	18	0	3	21
JUN2015	19	0	6	25
JUL2015	18	0	4	22
AUG2015	17	0	1	18
SEP2015	15	0	1	16
OCT2015	21	0	2	23
NOV2015	15	0	2	17
DEC2015	24	0	0	24
Total	**412**	**1**	**94**	**507**

CY 2014 and CY 2015
Source: BHA, CIS
Analyst: James Hu
Date: 3/3/2017

ITA Detentions by North Central Counties

North Central	Chelan	Douglas	Grant	All
JAN2014	10	0	2	12
FEB2014	9	0	1	10
MAR2014	10	0	8	18
APR2014	10	0	4	14
MAY2014	23	1	0	24
JUN2014	12	0	5	17
JUL2014	9	0	3	12
AUG2014	11	0	1	12
SEP2014	7	0	1	8
OCT2014	11	0	2	13
NOV2014	17	0	3	20
DEC2014	18	0	2	20
JAN2015	9	0	2	11
FEB2015	20	0	3	23
MAR2015	24	0	2	26
APR2015	21	0	5	26
MAY2015	13	0	1	14
JUN2015	18	0	2	20
JUL2015	18	0	3	21
AUG2015	17	0	1	18
SEP2015	12	0	0	12
OCT2015	20	0	1	21
NOV2015	13	0	2	15
DEC2015	23	0	0	23
Total	**355**	**1**	**54**	**410**

CY 2014 and CY 2015
Source: BHA, CIS
Analyst: James Hu
Date: 3/3/2017

SUD ITA Commitment Admissions [1] by North Central Counties CY 2014 and CY 2015

	CY 2014	CY 2015
Governing County	**Admissions**	**Admissions**
Chelan	0	2
Douglas	1	0
Grant	0	0
Total	**1**	**2**

Data Notes:

[1] These are admissions to the Long-term Residential treatment as the service modality that is funded by BHA.

[2] Providing Agency is Equal to Pioneer Center East or Pioneer Center North.

Data Source: TARGET, via SCOPE
Analyst: Ted Lamb
Run Date: 02/27/2017

Exhibit F

Mental Health Outpatient, MH Inpatient, and SUD Service Utilization

Mental Health Outpatient Service Utilization in Chelan, Douglas, and Grant Counties by Medicaid Eligibility and Service Modality

		2014								2015							
		Medicaid				Non-Medicaid				Medicaid				Non-Medicaid			
		Distinct clients	Service Minutes	Serivce Hrs	Avg. Service hrs/client	Distinct clients	Service Minutes	Serivce Hrs	Avg. Service hrs/client	Distinct clients	Service Minutes	Serivce Hrs	Avg. Service hrs/client	Distinct clients	Service Minutes	Serivce Hrs	Avg. Service hrs/client
CMS_Medicaid	ReportedModality																
Cover	Crisis Services	1,187	282,474	4,708	4	734	138,748	2,312	3	1,359	351,390	5,857	4	550	109,734	1,829	3
	Day Support	135	184,140	3,069	23	3	1,080	18	6	78	295,440	4,924	63	2	960	16	8
	Family Treatment	774	228,918	3,815	5	30	3,675	61	2	707	186,275	3,105	4	28	3,571	60	2
	Group Treatment Services	345	388,609	6,477	19	15	11,775	196	13	311	266,972	4,450	14	13	5,565	93	7
	High Intensity Treatment	5	60	1	0	.	.	.	.	2	.	.	.	.	.	.	.
	Individual Treatment Services	3,702	2,096,362	34,939	9	272	83,408	1,390	5	4,054	2,460,291	41,005	10	219	71,948	1,199	5
	Intake	2,948	372,881	6,215	2	102	10,185	170	2	3,116	362,931	6,049	2	114	11,031	184	2
	Involuntary Tx Investigation	122	817,800	13,630	112	69	432,120	7,202	104	107	166,140	2,769	26	42	42,360	706	17
	Medication Management	1,186	135,353	2,256	2	68	6,256	104	2	1,297	155,031	2,584	2	54	7,491	125	2
	Medication Monitoring	104	54,950	916	9	9	18,895	315	35	100	60,178	1,003	10	10	13,950	233	23
	Peer Support	391	329,835	5,497	14	19	9,675	161	8	224	192,405	3,207	14	10	6,135	102	10
	Psychological Assessment	2	1,980	33	17	.	.	.	.	2	540	9	5	.	.	.	.
	Rehabilitation Case Management	285	54,494	908	3	208	43,801	730	4	373	91,279	1,521	4	114	21,372	356	3
	Roll up to Missing	43	759	13	0	8	60	1	0	49	606	10	0	13	0	0	0
	Special Population Evaluation	8	720	12	2	.	.	.	.	13	1,020	17	1	.	.	.	.
	Stabilization Services	5	.	.	.	5	.	.	.	4	.	.	.	1	.	.	.
	Therapeutic Psychoeducation	103	32,718	545	5	3	510	9	3	27	10,875	181	7	4	2,280	38	10
Non-Cover	Care Coordination Services	.	.	.	.	.	.	.	.	6	2,265	38	6	.	.	.	.
	Case Management	.	.	.	.	1	360	6	6	.	.	.	.	.	.	.	.
	Co-occuring Treatment	1	90	2	2	.	.	.	.	.	.	.	.	.	.	.	.
	Community Transition	16	1,740	29	2	43	7,560	126	3	15	1,260	21	1	2	120	2	1
	Engagement and Outreach	125	6,274	105	1	53	3,952	66	1	204	10,132	169	1	52	2,790	47	1
	Hearing for Involuntary Tx	31	1,055	18	1	15	697	12	1	44	2,282	38	1	12	605	10	1
	Integrated Sub Abuse MH Screen	1,056	7,776	130	0	274	1,861	31	0	217	1,196	20	0	17	287	5	0
	Integrated Sub. Abuse MH Assmt	963	7,506	125	0	254	1,674	28	0	117	572	10	0	9	44	1	0
	Interpreter Services	176	28,710	479	3	15	1,335	22	1	154	19,860	331	2	6	420	7	1
	Mental Health Clubhouse	3	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
	Respite Care Services	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
	Roll up to Missing	60	3,924	65	1	.	.	.	.	64	9,392	157	2	1	180	3	3
	Supported Employment	23	4,245	71	3	4	165	3	1	47	16,575	276	6	6	405	7	1

Analyst: Kevin Campbell
Date Run: 2 27 17
Data Sources: CIS
AHQuA Reference: HCA_MCO_ASO North Central 2 27 17.sas

Mental Health Inpatient Service Utilization in Chelan, Douglas, and Grant Counties by Medicaid Eligibility and Service Type

	FY											
	2014						2015					
	Medicaid			Non-Medicaid			Medicaid			Non-Medicaid		
	Distinct Clients	Total Days	Average Length of Stay (days)	Distinct Clients	Total Days	Average Length of Stay (days)	Distinct Clients	Total Days	Average Length of Stay (days)	Distinct Clients	Total Days	Average Length of Stay (days)
Community Hosp	132	2,056	16	28	377	13	185	2,864	15	21	276	13
Evaluation and Treatment	59	818	14	12	189	16	76	865	11	23	203	9
Other Residential	8	861	108	.	.	.	10	701	70	3	4	1

Analyst: Kevin Campbell
Date Run: 2 27 17
Data Sources: CIS
AHQuA Reference: HCA_MCO_ASO North Central 2 27 17.sas

Exhibit F

Mental Health Outpatient, MH Inpatient, and SUD Service Utilization

Substance Use Disorder Services in Chelan, Douglas, and Grant Counties by FY, Medicaid Eligibility, as Service Modality

			Medicaid Eligibility Status								
			Medicaid			non-Medicaid			Total		
			Clients	Units	Avg Units per client	Clients	Units	Avg Units per client	Clients	Units	Avg Units per client
FY	type	unit									
2014	Assessment	event	695	708	1	384	386	1	1,069	1,094	1
	Detox	days	25	48	2	29	61	2	52	109	2
	Intensive Inpatient	days	269	3,730	14	136	2,306	17	398	6,036	15
	Long Term Res	days	15	879	59	9	507	56	20	1,386	69
	OP: Case Management	hours	407	421	1	204	189	1	573	610	1
	OP: Conjoint	hours	10	10	1	5	5	1	15	14	1
	OP: Family	hours	22	23	1	5	4	1	27	27	1
	OP: Group	hours	681	16,940	25	347	8,261	24	930	25,200	27
	OP: Individual	hours	881	3,265	4	449	1,539	3	1,199	4,804	4
	Opiate Substitution	days	101	17,188	170	11	401	37	110	17,589	160
	Recovery House	days	41	394	10	17	112	7	58	506	9
2015	Assessment	event	795	821	1	121	124	1	914	945	1
	Detox	days	46	75	2	10	24	2	56	99	2
	Intensive Inpatient	days	376	5,772	15	7	101	14	383	5,873	15
	Long Term Res	days	4	292	73	1	49	49	5	341	68
	OP: Case Management	hours	583	634	1	74	69	1	644	703	1
	OP: Conjoint	hours	13	14	1	2	2	1	15	16	1
	OP: Family	hours	16	12	1	4	4	1	20	16	1
	OP: Group	hours	765	22,029	29	88	1,886	21	839	23,915	29
	OP: Individual	hours	1,033	3,965	4	142	504	4	1,153	4,469	4
	Opiate Substitution	days	368	65,024	177	25	2,190	88	386	67,214	174
	Recovery House	days	71	631	9	1	10	10	72	641	9

Analyst: Kevin Campbell
Date Run: 2 27 17
Data Sources: TARGET
AHQuA Reference: HCA_MCO_ASO North Central 2 27 17.sas

Exhibit G-Sample NCWBH
Mental Health Block Grant (MHBG) Project Plan
Template 4/1/2016 – 6/30/2017

Introduction

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

Provider: North Central Washington Behavioral Health	**Current Date: April, 2016**	**Total MHBG Allocation: $244,034**
Contact Person: Courtney Ward	**Phone Number:509-886-6318**	**Email: cward@ncwbh.org**

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

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to Tom Gray (Tom.Gray@dshs.wa.gov) no later than 5:00 P.M. **June 30, 2016**. The BHO Contact Person identified above will be contacted if there are any questions.

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each "Good and Modern Systems of Care* (G & M) category under the column heading "Proposed Total Expenditure Amount." The Grand Total at bottom of that column must equal total MHBG Allocation.
- Insert the number of Adults with SMI** and Children with SED** projected to be served.
- "Outcomes and Performance Indicators" – Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.

*The G&M system is designed and implemented using a set of principles that emphasize behavioral health as an essential part of overall health in which prevention works, treatment is effective and people recover. There is no requirement to provide services in each Category.

**SMI/SED Definitions - For MHBG planning and reporting, SAMHSA has clarified the definitions of SED and SMI: Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over: (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g. most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

Section 1
Proposed Plan Narratives

Needs Assessment	Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the BHO. To the extent available, include age, race/ethnicity, gender, and language barriers. ***Begin writing here****:* ***NCWBH has large rural populations. Nearly 80% of the population residing in Grant County live in rural and frontier areas of the County. Access to services for this population is complicated by the size of the region. For thousands of NCWBH residents living in the rural and frontier areas, the distance to services is a significant barrier to treatment. Moreover, because many individuals served by the public mental health system do not have transportation, the problem to access is further compounded. For example, only one public transportation provider services all of Grant County, with limited routes to outlying areas. For staff providing services, the time required to travel great distances to serve only one or two consumers greatly increases the cost of delivering services. Grant County has responded to this challenge through the establishment of satellite clinics in several small towns (Ephrata, Quincy, Grand Coulee, Mattawa, and Royal City), as well as telemedicine for the provision of psychiatric and medication management services. Although these initiatives have helped to partially reduce the burden of accessing services, travel distances continue to pose an ongoing challenge to services. Additionally, Catholic Family and Child Services, which serves Chelan and Douglas Counties, has implemented a mobile crisis unit to better facilitate stabilization services.*** ***NCWBH has historically been challenged by professional workforce shortages, especially in the rural and frontier areas. The aging of the provider population, the difficulty in recruiting into mental health professions, funding issues, and the volume of staff needed to meet the increases in service demands all contribute to workforce shortages. The shortages are especially acute in rural and frontier areas. Professionals tend to prefer the conveniences associated with urban areas. There is a dearth of licensed mental health professionals in the rural and frontier areas of Grant County. Complicating this issue is the fact that the vast majority of the population residing in rural and frontier areas is of Hispanic descent. The overall population of Hispanic residents in Grant County is 40% of the total population, with many of the frontier communities reaching 100%. Older residents are primarily monolingual Spanish/Latino dialects, while younger residents are bi-lingual Spanish/English. Recruiting bi-lingual mental health professionals is even more of a challenge.*** ***The North-Central region (Chelan, Douglas and Grant Counties) ranks at the bottom of all Counties in per-capita funding for Behavioral Health services. Legislative appropriations are targeted at urban populations. Actuarial studies fails to include the lack of economies of scale in rural areas nor do they contemplate the cost of provision of culturally diverse services in heavily migrant communities, thus disregard the higher cost per service hour.***

Cultural Competence*	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. ***Begin writing here**:* ***NCWBH is unique in its diversity with large Hispanic communities, a growing Ukrainian community in Grant County, long-standing farming communities, migrant farm-workers, a growing middle-class, and diverse religious communities. Although small, NCWBH has a population of LGBT residents. To meet the cultural needs of these populations, NCWBH and its providers hire staff with a mind toward diverse cultures, provide on-going training, and professional staffing with cultural considerations in mind. Treatment modalities are inclusive of family in treatment and safety planning to ensure that a client's natural supports are involved rather than constituting barriers to treatment.***
Peer Review	Provide a description of the procedures and activities to be undertaken to comply with the requirement to conduct annual independent peer reviews. ***Begin writing here**: NCWBH will canvas providers to solicit peer review volunteers. NCWBH will actively participate in peer review activities, if requested by DBHR, according to the parameters as described in Contract Exhibit B MHBG Independent Peer Review Procedures.***
Children's Services	Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services. ***Begin writing here: Catholic Family and Child Services offer an array of programs for children with SED. Specifically, crisis services are provided to any NCWBH eligible who is experiencing a crisis episode. Referrals to programs are made after stabilization, as appropriate, to best serve the child.***
Public Comment/Local/BHO Advisory Board Involvement	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this MHBG Plan. ***Begin writing here**: NCWBH has an advisory board which is comprised of public individuals (51% past or current consumer or family member of consumer), providers, advocates and government representatives. NCWBH is also governed by a tri-county Governing Board. The plan was presented, edited and approved by both boards prior to submission.***
Outreach Services	Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas. ***Begin writing here**: Catholic Family and Child Services (CFCS) operates a mobile unit for crisis stabilization services. They have been working with Confluence Health to seek approval to allow the vehicle to be in Confluence's parking lot where it will be a diverting point from the ER. It is also being explored to have the crisis unit travel to ensure services are provided at more rural area as well. Additionally, Grant Integrated Services (GIS), has satellite clinics to ensure services are provided in rural and frontier areas.***

Staff Training	Describe the plan to ensure training is available for mental health providers and to providers of emergency mental health services and how this plan will be implemented. ***Begin writing here**: **NCWBH has developed the training programs for NCWBH staff and providers. Components of the trainings focus on orientation for all basic operations, inclusive of policies and procedures, general training on all operations of the BHOS, training on areas such as, but not limited to HIPAA, use of the IT system, sexual harassment, and cultural competence, as well as specialized training based on the roles of various positions. For example, new quality management staff will have an orientation that includes the specific QM tasks and training on the policies and procedures for QM as well.*** ***Ongoing training will include: updates on all policies and procedures, training on evidence-based practices, cultural diversity and application of best practices/evidence-based practices with diverse cultures, and training topics related to HIPAA requirements, data management and using data to manage, and DSHS contract requirements. NCWBH communicates the availability of other trainings to providers as they become available.***
Program Compliance	Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements. ***Begin writing here**: **MHBG funded providers are required to submit monthly reports regarding activities per funding sources as well as bi-annual reports regarding activities, progress, barriers, etc. per the mental health block grant funding.***
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored. ***Begin writing here: N/A***

*__Cultural Competence Definition:__ "Cultural competence" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communication barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

Section 2
Proposed Project Summaries and Expenditures

Category/Sub Category	Provide a plan of action for each supported activity	Proposed #Children with SED	Proposed #Adults with SMI	Proposed Total Expenditure Amount
Prevention & Wellness – Activities that enhance the ability of persons diagnosed with SMI or SED, including their families, to effectively decrease their need for intensive mental health services:				0

Screening, Brief Intervention and Referral to Treatment				[redacted]
Brief Motivational Interviews				
Parent Training				
Facilitated Referrals				
Relapse Prevention/ Wellness Recovery Support				
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.				
Outcomes and Performance Indicators				
Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				$9,150

Assessment	Over the 15-month period of the grant, Grant County proposes to enroll up to 21 adult individuals diagnosed with SMI every three months to participate in a 12-week intensive Peer and Case Management program designed around the belief that recovery is possible using the Wellness Recovery Action Plan (WRAP). Individuals served under this grant will be low-income adults (under 220% of the Federal Poverty Level) not eligible for services paid for by other funding. This includes Medicaid-eligible individuals whose Peer or Case Management services are not covered by their Medicaid program, and it includes low-income insured individuals whose insurance plan does not cover Peer, WRAP and Case Management services. This plan will focus on the rural and underserved communities of Quincy and Grand Coulee. As individuals request services, Grant County's Intake and Assessment team will determine if the individual is appropriate for WRAP and Case Management services and whether the individual qualifies financially for the services. Those who qualify will be identified as being funded by this grant.		Up to 105 clients served over the course of the grant period.	
Specialized Evaluations (Psychological and Neurological)				
Service Planning (including crisis planning)				
Educational Programs				
Outreach				

Outcomes and Performance Indicators : Outcomes – Increase in number of low income individuals diagnosed with SMI that are ineligible for other funding receiving WRAP and case management services. Baseline # of low-income/non-covered individuals receiving an Intake/Assessment, # of low-income/non-covered individuals referred to WRAP and case management services over the previous 15 month period. Tracking will include # of individuals receiving an Intake/Assessment, # of individuals referred to services, and # of individuals referred to this grant.				[redacted]
Outpatient Services – Outpatient therapy services for persons diagnosed with SMI or SED, including services to help their families to appropriately support them.				
Individual Evidenced-Based Therapies				[redacted]
Group Therapy				
Family Therapy				
Multi-Family Counseling Therapy				
Consultation to Caregivers				
Outcomes and Performance Indicators				
Medication Services – Necessary healthcare medications, and related laboratory services, not covered by insurance or Medicaid for persons diagnosed with SMI or SED to increase their ability to remain stable in the community.				0
Medication Management				[redacted]
Pharmacotherapy				
Laboratory Services				
Outcomes and Performance Indicators				
Community Support (Rehabilitative) – Community-based programs that enhance independent functioning for persons diagnosed with SMI or SED, including services to assist their families to care for them.				$81,459
Parent/Caregiver Support				[redacted]
Skill Building (social, daily living, cognitive)				

Case Management	Grant County will provide Case Management services to low income individuals diagnosed with SMI enrolled in this grant via the Assessment and Intake team. Case Managers will collaborate frequently with the Peer providing WRAP services to ensure ongoing support with the individual's recovery. The Case Manager will be the single point of contact for individuals when service needs arise, and will include assistance in identifying, locating, coordinating, and advocating for services and supports when necessary.		105	[redacted]
Continuing Care				
Behavior Management				
Supported Employment				
Permanent Supported Housing				
Recovery Housing				
Therapeutic Mentoring				
Traditional Healing Services				
Outcomes and Performance Indicators: Outcomes: increased referrals to services, increased engagement (fewer no-shows or dropping out of services), reduction in case management services, discharge from case management due to recovery. Baseline # hours Case Management Services provided over the past 15-month period, # of no-shows, number dropping out of services due to non-engagement, monthly hours of case management and number successfully completing services. On-going will compare # hours case management in all programs, number of case management in this program, no-show rate comparison, recovery or improvement rate of individuals enrolled in this program.				
Recovery Support Services – Support services that focus on improving the ability of persons diagnosed with SMI or SED to live a self-direct life, and strive to reach their full potential.				$65,800
Peer Support	Grant Integrated Services' Peer Support will provide WRAP groups to low income individuals diagnosed with SMI residing in rural and frontier areas. The Peer will travel to Quincy one day each week, and to Grand Coulee one day each week, to provide these services. Approximately ten individuals will be enrolled in each group. Each group will run for twelve weeks. WRAP is an EBP proven effective in helping individuals get well and stay well.		105	[redacted]

Recovery Support Coaching				
Recovery Support Center Services				
Supports for Self-Directed Care				
Outcomes and Performance Indicators: Outcomes: Recovery or significant improvement in episodes by 35% of attendees. Recovery and improvement established by reduction in crisis services, decreased no-shows, improved engagement, successful completion of group, less need for case management, discharge from services due to recovery. Baseline of number of individuals enrolled in current WRAP groups over past 15 months, current case management needs, current no-shows. On-going will compare group attendance urban v. rural, no-shows urban v. rural, successful completion urban v. rural, symptom reduction, resilience, support systems, referrals to employment programs.				
Other Supports (Habilitative) – Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.				0
Personal Care				
Respite				
Support Education				
Transportation				
Assisted Living Services				
Trained Behavioral Health Interpreters				
Interactive communication Technology Devices				
Outcomes and Performance Indicators				
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				0
Assertive Community Treatment				
Intensive Home-Based Services				
Multi-Systemic Therapy				
Intensive Case Management				
Outcomes and Performance Indicators				
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				0

Crisis Residential/Stabilization				
Adult Mental Health Residential				
Children's Residential Mental Health Services				
Therapeutic Foster Care				
Outcomes and Performance Indicators				
Acute Intensive Services – Acute intensive services requiring immediate intervention for persons diagnosed with SMI or SED.				$87,625.00
Mobile Crisis	CFCS will continue to enhance crisis response services by augmenting mobile crisis outreach services available to Non-Medicaid children/adults diagnosed with SED/SMI (50 children/600 adults) experiencing a crisis episode.	50	600	
Peer-Based Crisis Services				
Urgent Care				
23 Hour Observation Bed				
24/7 Crisis Hotline Services				
Outcomes and Performance Indicators				
Non-Direct Activities – any activity necessary to plan, carry out, and evaluate this MHBG plan, including Staff/provider training, travel and per diem for peer reviewers, logistics cost for conferences regarding MHBG services and requirements, and conducting needs assessments.				0
Workforce Development/Conferences				
Grand Total				$244,034

Provider: North Central Washington Behavioral Health	**Current Date: April 2016**	**Total SABG Allocation:$567,344**
Contact Person: Courtney Ward	**Phone Number:509-886-6318**	**Email:cward@ncwbh.org**

Section 1 **Proposed Plan Narratives**	
Needs Assessment (required)	Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the BHO. Include age, race/ethnicity, gender, and language barriers. *Begin writing here:* ***NCWBH has large rural populations. Nearly 80% of the population residing in Grant County live in rural and frontier areas of the County. Access to services for this population is complicated by the size of the region. For thousands of NCWBH residents living in the rural and frontier areas, the distance to services is a significant barrier to treatment. Moreover, because many individuals served by the public mental health system do not have transportation, the problem to access is further compounded. For example, only one public transportation provider services all of Grant County, with limited routes to outlying areas. For staff providing services, the time required to travel great distances to serve only one or two consumers greatly increases the cost of delivering services. Grant County has responded to this challenge through the establishment of satellite clinics in several small towns (Ephrata, Quincy, Grand Coulee, Mattawa, and Royal City), as well as telemedicine for the provision of psychiatric and medication management services. Although these initiatives have helped to partially reduce the burden of accessing services, travel distances continue to pose an ongoing challenge to services.*** **However, coordination of care is one of the strengths for the tri-county service area. NCWBH and provider organizations have worked to ensure maximizing services for recipients of Chelan, Douglas and Grant counties and this continues to be discussed within tri-county management team and clinical team meetings. Additionally, regionalizing crisis services is also under discussion and NCWBH has written resolutions to have DMHPs service all three counties for care coordination for this service. Although rural, due to the limited number of provider organizations this does provide a benefit for autonomy for developing and implementing services.** ***NCWBH has historically been challenged by professional workforce shortages, especially in the rural and frontier areas. The aging of the provider population, the difficulty in recruiting into mental health professions, funding issues, and the volume of staff needed to meet the increase in service demands all contribute to workforce shortages. The shortages are especially acute in rural and frontier areas. Professionals tend to prefer the conveniences associated with urban areas. There is a dearth of licensed mental health professionals in the rural and frontier areas of Grant County. Complicating this issue is the fact that the vast majority of the population residing in rural and frontier areas is of Hispanic descent. The overall population of Hispanic residents in Grant County is 40% of the total population, with many of the frontier communities reaching 100%. Older residents are primarily monolingual Spanish/Latino dialects,***

Introduction

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

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

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

DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

Instructions:

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

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

	while younger residents are bi-lingual Spanish/English. Recruiting bi-lingual mental health professionals is even more of a challenge. **The focus should be on SUD staff and staffing and not MH as this is the SABG plan-please edit that portion to reflect issues related to SUD.**
Cultural Competence (required)	Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress. *Begin writing here:* ***A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs. NCWBH and subcontractors provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Each NCWBH provider organization executes cultural competency trainings to appropriately address and serve their consumer base. Additionally, training needs are addressed during monthly management and clinical team meetings.*** ***NCWBH is unique in its diversity with large Hispanic communities, a growing Ukrainian community in Grant County, long-standing farming communities, migrant farm-workers, a growing middle-class, and diverse religious communities. Although small, NCWBH has a population of LGBT residents. To meet the cultural needs of these populations, NCWBH and its providers hire staff with a mind toward diverse cultures; provide on-going training, and professional staffing with cultural considerations in mind. Treatment modalities are inclusive of family in treatment and safety planning to ensure that a client's natural supports are involved rather than constituting barriers to treatment.***
Continuing Education for Staff (required)	Describe of how continuing education for employees of treatment facilities is expected to be implemented. *Begin writing here:* ***NCWBH is committed to providing continuing education to all of its professional and administrative staff and tracking CE's of provider staff. Staff training includes in-house presentations as well as travel to appropriate training.***
Charitable Choice (required)	Provide a description of how faith-based organizations will be incorporated into your network and how referrals will be tracked. *Begin writing here:* ***Catholic Family and Children Services (CFCS), a Diocese of Catholic Charities, is a provider within North Central Washington Behavioral Health. CFCS serves nearly 40,000 children, adults and seniors. One of their services includes maternity and pregnancy counseling. CFCS will primarily be used as a referral partner for PPW clients. Both Grant County PARC and The Center can make referrals through their EHR for services for PPW clients.*** **How will this be tracked?**

Coordination of Services (required)	Provide a description what activities or initiatives will be or are in place to ensure services are coordinated with other appropriate services. *Begin writing here:* ***NCWBH conducts monthly management and clinical team meetings with all in-network contracted providers. During these meetings providers discuss agency updates, program progress, care coordination and opportunities for further collaboration. Additionally, all provider organizations work with the primary medical agency for the regional service area, Confluence Health, to cross train staff and to learn how to and when to appropriately refer clients to medical or prenatal care. Some providers have staff scheduled time at each other's agency to cross train and provide technical assistance. For example,*** **The Center for Alcohol and Drug Treatment meet regularly with primary care providers to do outreach to PPW and IUID individuals to educate and promote SUD services. Please add information about your work toward or current agreements/MOU's with allied systems**
Public Comment/Local Board/BHO Advisory Board Involvement (required)	Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this SABG Plan. Begin writing here: ***NCWBH has an advisory board which is comprised of public individuals (51% past or current consumer or family member of consumer), providers, advocates, and government representatives. NCWBH is also governed by a tri-county Governing Board. The plan was presented, edited, and approved by both boards prior to submission.***
Program Compliance (required)	Provide a description of the strategies that will be used for monitoring program compliance with all SABG requirements. Begin writing here: ***SABG funded providers are required to submit monthly reports regarding activities per funding sources as well as bi-annual reports regarding activities, progress, barriers, etc. per the substance abuse block grant funding.***
Recovery Support Services (optional)	Provide a description of how and what recovery support services will be made available to individuals in SUD treatment and their families. *Begin writing here:*
Cost Sharing (optional)	Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored. *Begin writing here:*

Section 2
Proposed Project Summaries and Expenditures

The * indicates a required component of the Proposed Project Summary

Category/Sub Category	Provide a plan of action for each supported activity	Proposed # PPW to be served	Outcomes and Performance Indicators	Proposed Total Expenditure Amount
Prevention & Wellness – Preventive services, such as drug use prevention and early intervention, are critical components of wellness.				$20,000
***PPW Outreach**	Grant County will provide outreach services to engage and enroll pregnant and parenting women into treatment and support services. Outreach will include coordination with maternity support services, child welfare services and medical providers. The Center for Drug and Alcohol Treatment provide outreach through partner agencies (Columbia Valley Community Health, CASA, DFCS and Confluence Health). Included in this outreach are educational and resource directories related to the impacts of substance use during pregnancy and on family structures and the resources available to women seeking harm reduction.	25	NCWBH SUD providers will participate in at least five community events to disseminate information related to pregnant and parenting substance use disorder treatment and resources. Outcomes will address improvement in agency processes that will facilitate engagement and retention including: • Providing more complete descriptions of services and funding options; • Improved inter-agency collaboration; • Improved cultural competency. Baseline PPW outreach will be collected based upon the previous 15 months. Ongoing data will be collected on event participation, information distributed, number of individuals expressing interest, and number of PPW participants entering treatment.	[redacted]

Outreach to Individuals Using Intravenous Drugs (IUID)				
Brief Intervention				
Drug Screening				
***Tuberculosis Screening**	NCWBH SUD providers screen all admitted clients for treatment for TB following the DOH screening guidelines. Clients who need referrals for further testing are referred directly to the local health department or PCP for skin testing.		No Federal Block Grant funding is utilized for TB screening.	
Engagement Services – Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services regarding available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment services must meet the criteria as set forth in WAC 388-.877B I am having a little trouble with this section, maybe just changing education to engagement				$33,003
Assessment	The priority populations for this funding are Pregnant and Parenting substance abusers, IVDU clients, low-income individuals being discharged from detox or inpatient treatment, and low-income, high acuity individuals. Individuals seeking treatment or referred to treatment will be assessed for need and whether treatment is covered by other funding (Medicaid, Medicare, Insurance, self-pay). Only PPW, IVDU, and high-need individuals at or below 220% of the Federal Poverty Level who have no other funding, or whose funding does not cover	30	Baseline data on PPW, IVDU, and high-need, low income clientele will be collected for the previous 15 month period. Performance indicators will be number of assessments conducted and number of PPW, IVDU, and low income referred to this grant.	

	these services, will be referred to the program. No cost sharing will be required for this population.			
***Engagement and Referral**	The Women's Resource Center Parkside Apartments is a community service that provides low-income housing to both male and female tenants. The Center for Drug and Alcohol Treatment conduct group sessions twice a week to meet client needs since most clients do not have transportation available. Clients needing more intense services are referred to The Centers IIP or outpatient services on site at The Center. Additionally, SUD providers work with local primary care providers to collaborate on care coordination for patients. CDP's train primary care providers on services and referral to services monthly.	20	Baseline data will be gathered on the number of individuals who attend group weekly. Outcomes are expected to be improved attendance and retention in services. Data gathered will be number enrolled in this service, number of no-shows, number of other missed appointments, number completing treatment, and relapse/recidivism rates.	
***Interim Services**	NCWBH SUD in network providers many times cannot provide the appropriate level of care for certain clients. NCWBH SUD providers make referrals to more appropriate out of network providers in these cases. When an out of network referral is made, transportation may not be able to occur for days or weeks. During this time, NCWBH SUD providers, provide all patients with outpatient services until the transportation date. Motivational Interviewing and the stages of change are used to keep the patient motivated to stay engaged until they can participate in intensive Inpatient or	100	Outcomes are anticipated to be increased engagement and retention in treatment.	

	intensive outpatient. Additionally, referrals are also made to ensure other appropriate services are received for these clients, such as medical and prenatal care.			
Educational Programs	Women who are pregnant and/or parenting while using substances are less likely than men to seek treatment. Studies have suggested that engaging and retaining women in services contributes to treatment success. Grant County will purchase curriculum, train staff, and provide parenting education for pregnant and/or parenting women admitted into treatment or in recovery from a substance use disorder		Outcomes are anticipated to be increased engagement and retention in treatment. One cycle of parenting in recovery will be implemented including up to 12 pregnant and/or parenting women attending a weekly one-hour group for 12 weeks. Baseline data will be current PPW enrollees. On-going will track new PPW enrollees, no-shows, completion of group, to record success or failure of this engagement program.	
Outpatient Services – Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in WAC 388-877B.				$388,341
Individual Therapy	NCWBH SUD providers, provide individual therapy and treatment to the priority populations of PPW, IVDU, recently discharged low-income individuals, and high acuity low income individuals who do not qualify for other funding.	70	Baseline data will be gathered on the number of individuals in the priority populations provided individual therapy in the prior 15 months. Outcomes are expected to be improved attendance and retention in services. Data gathered will be number enrolled in this service, number of no-shows, number of other missed appointments, number completing treatment, and relapse/recidivism rates.	

Group Therapy	NCWBH SUD providers, provide group therapy and treatment to the priority populations of PPW, IVDU, recently discharged low-income individuals, and high-acuity low-income individuals who do not qualify for other funding.	35	Baseline data will be gathered on the number of individuals in the priority populations provided individual therapy in the prior 15 months. Outcomes are expected to be improved attendance and retention in services. Data gathered will be number enrolled in this service, number of no-shows, number of other missed appointments, number completing treatment, and relapse/recidivism rates.	[redacted]
Family Therapy				[redacted]
Multi-Family Counseling Therapy				[redacted]
Medication Assisted Therapy (MAT)				[redacted]
Community Support (Rehabilitative) – Consist of support and treatment services focused on enhancing independent functioning.				
Case Management	Grant County will provide case management services to the priority populations to encourage engagement and retention into services as well as access to necessary resources critical to the recovery of the individuals.	15	Outcomes are expected to be increased engagement and retention in services. Baseline data will be gathered on current no-shows, missed appointments, recidivism and other measures indicating lack of engagement. Performance measures will be number enrolled, number of no-shows, number of missed appointments, number completing services, and relapse/recidivism rates.	[redacted]
Recovery Housing				[redacted]

Supported Employment				
Other Support (Habilitative) – Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.				
PPW Housing Support Services				
Supported Education				
Housing Assistance				
Spiritual/Faith-Based Support				
Intensive Support Services – Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services.				
***Therapeutic Intervention Services for Children**	NCWBH clients in need of therapeutic intervention are referred to appropriate services.	**N/A**	**N/A**	
Sobering Services				
Out of Home Residential Services – 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in WAC 388-877B.				$125,000
Sub-acute Withdrawal Management	Non-Medicaid clients utilizing The Center for Drug and Alcohol Treatment withdrawal management beds.	313	Performance measures will be number of enrolled individuals into IIP or outpatient services.	
Crisis Services Residential/ Stabilization				
Intensive Inpatient Residential Treatment				
Long Term Residential Treatment				
Recovery House Residential Treatment				

Involuntary Commitment	The Center conducts investigations for CD ITA's, which includes gathering information from the person, family and health provider. Court documents are prepared and a bed date will be obtained. If the ITA is successful then the transportation to and from treatment will be provided.	5	Performance measures will be the number of individuals successful placed in treatment from SUD ITA Investigations.	
Acute Intensive Services -24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in WAC 388-877B.				
Acute Withdrawal Management				
Recovery Supports –A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.				1,000
***Interim Services**	NCWBH SUD in network providers many times cannot provide the appropriate level of care for certain clients. NCWBH SUD providers make referrals to more appropriate out of network providers in these cases. When an out of network referral is made, transportation may not be able to occur for days or weeks. During this time, NCWBH SUD providers, provide all patients with outpatient services until the transportation date. Motivational Interviewing and the stages of change are used to keep the patient motivated to stay engaged until they can participate in intensive Inpatient or intensive outpatient. v	100	Outcomes are anticipated to be increased engagement and retention in treatment.	
***Transportation for PPW**	Funding will be utilized to ensure PPW women engaging in services have transportation to treatment services as well as recovery support services.		Transportation services will be provided for 25 PPW women.	

	Transportation will be covered in the form of bus vouchers, individual transport and gas vouchers.	[redacted]		[redacted]
Transportation				
***Childcare Services**	All pregnant and parenting clients are provided information on childcare resources and referrals upon enrollment into treatment. Information includes the Childcare Resource and Referral line. In addition, clients who meet income eligibility are referred to DSHS to apply for child care subsidies.		No federal block grant funding is utilized for childcare services.	
***Other SABG activities – any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management infrastructure, and conducting needs assessments. Are there additional activities you will be providing with SABG funds**				
Grand Totals	[redacted]			**$567,344**

Exhibit I
Non-Medicaid Funding Allocation

Non-Medicaid funding comes from the following sources:

- Mental Health Block Grant (MHBG)
- Substance Abuse and Prevention and Treatment (SAPT) Block Grant
- General Fund State (GFS)
- Proviso Funds

In total, the North Central Regional Service Area (RSA) was allocated $4,448,823 of Non-Medicaid funds for the provision of crisis services and non-crisis behavioral health services for both the Medicaid and non-Medicaid populations in the RSA for state fiscal year (SFY) 2017.

The MHBG and the SAPT block grant will be administered by the Behavioral Health Administrative Service Organization (ASO) in accordance with the plans developed locally for each grant. All block grant funds will be provided to the BH- ASO for sub-contracting.

Specific line items, including the Criminal Justice Treatment Act (CJTA), Jail Services, Dedicated Marijuana Account (DMA), and ombudsman are allocated to the BH-ASO. Further, a portion of GF-S will be allocated a regional entity to manage the required Community Behavioral Health Advisory Board.

Utilization data provided by the Department of Social and Health Services' (DSHS), Behavioral Health Administration, was used to determine the split of GF-S funding between the Managed Care Organizations (MCOs) and the (ASO). After the Apparently Successful Bidders (ASBs) are selected and Medicaid enrollment in the region is processed, a further split will be made between the selected MCOs based on their proportional share of the overall Medicaid population. . These funding levels are **estimates** based on the current SYF 2017 annual allocation to the North Central Region. These estimates are subject to change.

Table 1 below depicts the **SFY 2017 annual allocations** to the ACH, ASO, and MCOs.

Funding	TBD – Regional Entity	ASO	MCOs	Total
SABG		$ 459,638		$ 459,638
MHBG		$ 195,227		$ 195,227
GF-S	$ 40,000	$ 1,405,394	$ 1,207,097	$ 2,652,491
Jail Services		$ 68,028		$ 68,028
PACT		$ 112,248	$ 61,500	$ 173,748
Detention Decision Review		$ 2,148		$ 2,148
Assisted Outpatient Treatment		$ 19,512		$ 19,512
ITA Non-Medicaid, Mobile Crisis		$ 536,436		$ 536,436
DMA		$ 86,968		$ 86,968
CJTA		$ 209,627		$ 209,627
OMBUDS		$ 45,000		$ 45,000
TOTAL	$ 40,000	$ 3,140,**226**	$ 1,268,597	$ 4,448,823

All proviso dollars are state funds. Outlined below, are definitions of provisos and other state-allocated funding sources:

- **Assisted Outpatient Treatment:** Funds received to support Assisted Outpatient Treatment (AOT). AOT is an order for Less Restrictive Alternative Treatment for up to ninety days form the date of judgment. AOT shall not order inpatient treatment.

- **Criminal Justice Treatment Account (CJTA):** Funds received, through a designated account in the State treasury, for expenditure on: a) SUD treatment and treatment support services for offenders with an addition of a SUD that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State; b: the provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program.

- **Designated Marijuana Account (DMA):** Funding to provide a) outpatient and residential SUD treatment for youth and children; b) PPW case management, housing supports and residential treatment program; c) contracts for specialized fetal alcohol services; d) youth drug courts; and e) programs that support intervention, treatment, and recovery support services for middle school and high school aged students. All new program services must direct at least eighty-five percent of funding to evidence-based on research-based programs and practices.

- **Detention Decision Review:** Funds that support the cost of reviewing a DMHP's decision whether to detain or not detain an individual under the State's involuntary commitment statutes.

- **ITA Non-Medicaid – Mobile Outreach Team:** Funding that began in 2013, to provide additional local mental health services to reduce the need for hospitalization under the Involuntary Treatment Act. In North Central, these funds have been approved for use to support a Mobile Stabilization/Outreach Team. The team is intended to provide more outreach to individuals in the community to prevent mental health crises, as well as prevent unnecessary emergency department admissions and inpatient psychiatric hospitalizations.

- **Jail Services:** Funding to provide mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health service upon mentally ill offenders' release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits.

- **Program for Assertive Community Treatment (WA - PACT):** Funds received per the budget proviso for development and initial operation of high-intensity programs for active community treatment PACT teams.

Attachment 1
Draft Sample BH-ASO Contract

Attached as a separate document