

Final BHO Detailed Plan Amended Questions/Answers Log- 9/10/15

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Question Number	Type	BHO	Section of DPR/Topic	Question	Answer
1.	F/C	King	General Plan Question	The BHO DPR does not specify any page limits for responses. Are there page limitations for a response?	No. There are no page limits. It is however important that your answer be succinct and contain only the information necessary to demonstrate your plan for implementation of the regulations. Please adhere to weight limit per box as indicated in the instructions.
2.	C	King	General Plan Question	For all of the sections-can you provide additional guidance as to the expectations of what to include beyond the required responses indicated on the Attestations and Response Form.	Please include a brief introductory narrative for each plan and the responses to the requirements you are addressing in that plan. It is possible that some responses will meet the requirement for multiple questions or that some responses to questions are found in multiple plans. Please indicate for each requirement where the answer is to be found. There is no expectation that your submission go beyond the requirements described in the detailed plan document.
3.	C	King	General Plan Question	What is the difference in expectations between section I General and Overall Transition Plan and Section II Transition and Coordination of Services Plan? Should this section describe both MH and SUD or just transitioning SUC to managed care?	Section I General transition refers to the Regional Service Network/BHO transition from administratively from the current county contracted services to a combined Mental health/Substance Use Disorder Services Managed Care entity. The Section II Transition and Coordination of Services Plan is specific to implementation of the SUD services, including plan to transition clients and providers from the current FFS system to managed care and regional oversight.
4.	C	King	General Plan Question	Where should we include information regarding our continuum of care? Can we add additional sections as needed?	The continuum of care can be addressed in Line 19, question number one. IF there is additional information regarding the continuum of care above and beyond the ASAM levels of care that you would like to include it can be included

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					here.
5.	P/F	King	General Plan Question	The General Terms and Conditions have been removed from the BHO draft contracts. Should we expect some kind of master agreement? Are the current terms and conditions expected to change?	There will be a master general terms and conditions agreement. A draft is planned to be provided by the end of September 2015 and DSHS will work with the BHO's to have them in place prior to February 2016.
6.	P	King	General Plan Question	What efforts is the state undertaking to reconcile confidentiality discrepancies between HIPPA and 42 CFR Part 2 confidentiality for both data and client records? When do you expect to have the standardized release form for BHO's?	HIPPA and 42 CRR Part 2 are federal requirements that the state is unable to change at this time. As opportunities arise the state has and will continue to give input to the federal government on the issues surrounding this. The state will not be requiring a standardized ROI form but can provide BHO's with examples of ROI's that meet all requirements.
7.	P/C	King	General Plan Question	The PIHP draft contract refers in numerous places to "mental health service" where it appears the intent may be to describe mental health <u>and</u> substance use disorder services, and the "behavioral health services" should be used instead. Please clarify which sections apply only to MH or only to SUD and which apply to both. Some examples are 4.7.6, 2.1.40, 3.1, 10.9 (Similar clarification is needed in the "Behavioral Health State Contract" draft.	Further review of the draft contracts will be done to reconcile and make clear what sections apply to which services. Once this is complete a new version will be provided/posted.
8.	D	King	General Plan Question	The PIHP draft contract requires encounter data submission within 60 days of the end of a month (13.1.1), but item 5 of Exhibit A says "Describe how will you ensure that encounters are submitted within 30 days after the close of the month of service?. Please resolve this inconsistency.	DBHR is asking the BHOs to respond to the 30 day after the close of the month requirement. This requirement aligns with HCAs required submission timeline for the MCOs and will help us be timelier in our reporting of information. The contract will be changed to reflect 30 days after the close of the month.
9.	C	King	General Plan Question	Exhibit D-1 Substance Use Disorder- Definitions	Therapeutic Interventions for Children is the

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				defines THERAPEUTIC INTERVENTIONS FOR CHILDREN and CHILDCARE SERVICES. Please clarify the difference between these two services and where each might be found. Which of them is analogous to “Therapeutic Childcare” that is currently reimbursed in selected SUD residential programs?	title replacing Therapeutic Child Care. The definition of this service is directly from the SAPT block grant. Historically this service has been available mostly for children attending Pregnant and Parenting Women Residential treatment with their parent. It can also be used for children of parents who are receiving outpatient services. Childcare Services are daycare services through a licensed daycare facility and would be available to children while a parent is in outpatient treatment. Both of these services are eligible to be provided with SAPT funds and help to meet the 5% set-aside of SAPT for PPW services.
10.	C	King	<u>Section V- Staffing and Workforce Development Plan</u>	Please provide more information and guidance as to what is expected in this plan.	Please tell us what the administrative structure of the BHO will be including planned staffing and if needed workforce development and recruitment plans.
11.	P	King Peninsula	<u>Section VI Financial Administrative Plan</u>	Will the financial reporting requirements be similar to the current semi-annual R&E reporting requirement for mental health? What will be the specific financial reporting requirements of BHO’s, particularly for SUD expenditures?	The requirements will be similar to the current Regional Support Network R & E. There will be one for Medicaid and one for Non-Medicaid with some additional categories for some of the SUD non-Medicaid services to be sure that SAPT block grant requirements are met.
12.	P	King	<u>Section VI Financial Administrative Plan</u>	Will the financial auditing/monitoring from DBHR be similar to the current monitoring for mental health, i.e. once per year, approximately a week of onsite work by the auditor?	BHO’s can expect that onsite monitoring will take place at least annually by DBHR. In addition to the Fiscal auditor there will be a DBHR Contract monitor assigned to participate in the review. Based on DBHR’s findings in these reviews or

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					other information, such as EQRO reports of data submitted, more frequent monitoring may occur. Initial monitoring may take longer because of new elements related to the implementation of SUD services.
13.	C	King	<u>Section XII Evidence Based, Research Based and Promising Practices Analysis and Development Plan</u>	Please provide more information and guidance as to what is expected in this plan.	This Detailed Plan will be amended to remove this section as a requirement. BHOs will be expected, by contract, to participate in all inventories and activities related to implementation of these practices.
14.	D	King	<u>Section XIII Behavioral Health Consolidation Project Plan</u>	The Data Consolidation Plan is dependent on DBHR's requirements for how data will be reported, including the transactions that will be required and whether the reporting mechanism will be similar to CIS. When will this information be provided?	DBHR will have a Data Dictionary for the non-Provider One data elements by September 1, 2015.
15.	D	King	<u>Section XIII Behavioral Health Consolidation Project Plan</u>	For Question, 2b and 2d in Exhibit A, do you want the response to be specific to SUD providers or does it need to include MH providers as well?	The response should be specific to SUD providers.
16.	D	King	<u>Section XIII Behavioral Health Consolidation Project Plan</u>	For Question 2d in Exhibit A, do you want us to list every agency and their HER or ca we provide a general answer?	No, a list of agencies is not needed. A general answer or summary is sufficient.
17.	D	King	<u>Section XIII Behavioral Health Consolidation Project Plan</u>	What level of detail is needed when providing the Behavioral Health Data Consolidation Project Plan? Do we need to provide a detailed response for each data element?	Please provide enough information in your plan to indicate the readiness of the BHO to collect and submit the required data. No, a response to each of the data elements is not needed. The draft data elements were provided for planning purposes and to show the scope of the data that would be required.
18.	D	King	<u>Section XIII Behavioral Health Consolidation Project Plan</u>	When providing a response for Section XIII-Behavioral Health Data Consolidation Project Plan, do we only need to respond to the questions listed in Exhibit A-Behavioral Health Data Consolidation Data Elements?	There is not a requirement to provide additional information other than what is requested in Exhibit A. If there is additional information that it is felt is important to convey

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				OR does additional information need to be provided?	for the review of responses please include it in this section.
19.	P	Peninsula	General Plan Question	Will BHO's be required to complete combined assessments on all individuals requesting services?	No. BHO's will not be required to complete a combined assessment on all individuals requesting services. The assessment should match what the request for service. Referrals for additional assessments or services may be made if indicated.
20.	Clinical	Peninsula	General Plan Question	Level 3.1 of ASAM is "Clinically managed low intensity residential services" and includes at least 5 hours per week of SUD outpatient treatment with a recovery residential component provided in a setting that provides 24-hour structure and support. Can Medicaid funds be used to purchase this level of treatment?	Yes Medicaid can be used to provide this level of treatment if it is provided in a setting that is not an IMD. The service delivery as you described it would not meet 3.1 ASAM level of care, as it would not be licensed residential treatment facility or certified as a recovery house. The model as you described could be clinically appropriate for an enrollee who as assessed as needing level 3.1 care, who's needs could be met by intensive outpatient treatment for levels 1 and 2.1 combined with housing support. If the enrollees clinical needs are not being met in this level of care, as determined through ongoing assessment, they would need to be transitioned to as appropriate level of care as soon as possible.
21.	F	Thurston/ Mason	General Plan Question	Thurston Mason RSN has a question regarding the detailed plan. Specifically we are wondering how to organize the questions and responses into one of the thirteen (13) primary sub-planning categories. The detailed plan is asking for each potential BHO to address each of the thirteen (13) sub-planning topic areas. In addition, we asked to answer a number of questions. <ul style="list-style-type: none"> How would the State like us to organize these 	Please indicate within the detailed plan response where in your submitted plans each requirement can be found. Many responses will fit into more than one area or cover more than one requirement. DBHR expects that each respondent to the Detailed Plan will organize their information in a way that works best for them to demonstrate their plans. There is overlap and it was decided that it would be best left to

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				<p>responses? Should we simply make a logical assumption of what “plan” to put them? I thought I had heard in an earlier meeting that a crosswalk between the requested responses and the sub-plans would be provided.</p> <ul style="list-style-type: none"> • If not, where and how would you like to see these responses? 	those responding to determine where the information will go.
22.	D	Peninsula	General Plan Question	What are the chances of your (DBHR) giving each prospective BHO a working copy of TARGET? Are all those lovely data element to be collected on EVERY client, just SAPT clients, or just CD clients??	DBHR recognizes the need for BHO’s to have access to client data for transition purposes and will be working with the current contractors to have releases in place for the transmission of data that is available from TARGET. This data would then be provided from the state to the BHO. Information that is needed but not in TARGET can be obtained from the provider using these same releases. The County and residential contracts will require that clients be asked to sign releases beginning February 1, 2016 and that the release is valid through April 1, 2016.
23.	C	Spokane	General Plan Question	Are you expecting a summary of what is currently being done today is required in the 13 plans by both mental health and substance abuse and then after implementation.	The expectation is for BHO’s to respond with how they will be addressing the inclusion of SUD services into the existing services that they manage. If there is a specific question regarding current MH that was asked, please answer it.
24.	C	Spokane	General Plan Question	What is your expectation regarding detailing out the Policies & Procedures that we have in place, then what must be changes, and what will new P&P’s. Do you want them attached?	Provide a description of your implementation plan to monitor and manage the services according to the regulations. It is not expected that policies and procedures are submitted. A description with enough detail that describes what the BHO will be doing or how that meets the requirement is sufficient.
25.	C	Spokane	General Plan Question	Are documents such as Organization Charts, Existing	Please attach the planned Organizational

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				Quality Plans, Annual Plans, etc. To attached.	Chart for April 1, 2016. There is no need to attach current plans only the things that would be new or different for this transition.
26.	P	Optum Pierce	General Plan Question	To what extent does this guide our steps? How creative can they be to design their BHO?	BHO's can be as creative within the regulations. It is the expectation that the BHO design the system best suited to their region and resources.
27.	F/C	Optum Pierce	General Plan Question	Is a response needed for each question and does that have to that align with each section? And is there a narrative for each of the subject areas?	Each requirement must be found within an answer provided. Some components of a plan can address several requirements. There is no need to repeat an answer just reference it in the excel sheet provided.
28.	C	Optum Pierce	General Plan Question	Is there a description in each plan and guidance for each?	There is not a description of each plan. The plans were chosen to be broad enough that all required responses could be included in one of the plans. It is only a structure for response.
29.	P	Peninsula	General Plan Question	What if the BHO doesn't want to attest to a certain attestation?	A missing attestation indicates that the BHO is unable or unwilling to meet the requirements and the item will be scored accordingly.
30.	C	Tri-West	General Plan Question	What level of detail is DBHR looking for? Milestones or more detail?	Provide a description of steps that will be taken with to indicate services will be delivered in accordance with the requirements. Include enough detail to sufficiently inform DBHR that the BHO will be able to meet the legal requirements and provide the services. The response needs to be defensible and understandable to internal reviewers and external stakeholders.
31.	P	Peninsula	General Plan Question	For the questions regarding Full integration with medical service-is it based on intent or current activity?	We are aware that all parties might not be identified in the Fully Integrated Region; the response can include how you intend to work with our coordinate with this region and its contractors both MCO's and other entities that

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					may operate crisis services.
32.	P	Thurston/ Mason	General Plan Question	Who is the authority submitting the plan?	The current RSNs were offered the first right of refusal and are the entities that have the authority to submit the detailed plan. It is up to the RSNs governance structure to decide who has the authority to submit on their behalf and sign the attestations?
33.	F/C	Thurston/ Mason	General Plan Question	Do we have to respond to each question or can we refer to previous answer? Example: see answer in section XX?	If the question has been answered in a previous plan in your response you may reference where it can be found and how it applies to the current section that it is being referenced in if needed.
34.	C		General Plan Question	Can policy and procedure be provided to an answer?	Policies and procedures will not suffice as a response- please explain how the policies and procedures will be implemented and monitored.
35.	C/P	King	General Plan Question	Do you want the full policy? Or just part? Hardcopies? Where do you want to draw the line?	It is sufficient to reference language that will be included in policies and procedures and not necessary to submit policies and procedures. It is more important to provide a description of actions the RSN\BHO will be taking to implement the programs and oversee them.
36.	P	King	DPR Matrix Line 5- RCW 43.20A.986 Behavioral health organizations- Access to chemical dependency and mental health professionals. The secretary shall require that behavioral health organizations offer contracts to managed health care systems under chapter 74.09 RCW or primary care practice settings to promote access to the services of chemical	Could you provide more information regarding the expectations for Line 5 of the Attestations and Response document that state "Describe how you will comply with the requirement to offer contract to managed health care systems or primary care practice setting to promote access to the services of chemical dependency professionals and mental health professionals for the purposes of integrating such services into primary care settings for individuals with behavioral health and medical comorbidities. Provide a list of planned efforts to promote clinical	This would imply a funded contract and not a coordination or MOU agreement. DSHS is aware that your ability to comply with this statutory requirement is limited to those who are currently licensed or certified by DBHR to provide MH and SUD services (Conflicts with 71.24 contracting with licensed entities). Your response is expected to describe the contracts you have or have offered. The response can also include the factors that limit the ability to

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		North Sound	dependency professionals under chapter 18.205 RCW and mental health professionals, as defined by the department in rule, for the purposes of integrating such services into primary care settings for individuals with behavioral health and comorbidities.	integration.” Does this literally mean dollar contracts?	offer contracts that are in compliance with this statute. (Examples where it may be possible include FQHC’s)
37.	P/C	King North Sound	Line 158 of the Attestations and Responses document regarding the WISE program requires an Attestation but also asks for a response. Please clarify. Describe your current capacity for WISE services and your planning to have sufficient capacity to provide fully compliant WISE services in accordance with the WISE Manual and the PIHP Draft Contract.	Line 158 of the Attestations and Responses document regarding the WISE program requires an Attestation but also asks for a response. Please clarify. Why does this have a requirement?	Line 158 of the Attestations and Responses will be changed from an A to an R. It is important that BHOs are able to demonstrate their plans to meet the requirements reached as part of the settlement agreement that was the outcome of recent litigation. The question will be amended to: Based on the WISE Capacity Expansion document attached as Exhibit G. As of April 1, 2016, what caseload capacity will the BHO have to provide WISE? What is the plan for the BHO to meet the FY16 June 30, 2016 WISE monthly capacity goal?
38.	P	King	DPR Matrix Line 219 and 229- RCW 71.34.600 Parent may request determination whether minor has mental disorder requiring inpatient treatment- Minor consent not required-Duties and obligations of professional person and	There are some lines in the Attestation and Response Documents that ask for a response from the BHO, when in fact the specified regulation requirement applies to the state (in terms of CFRs), or to other entities such as evaluation and treatment facilities (e.g., line 219 RCW 71.34.600 and line 229 RCW 71.34.730) and are not the direct responsibility of the	Line 219 and 229 of the Attestation and Responses will be amended and will not require an Attestation or Response.

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		Sound	provisions. Specifically, describe how you will address performance improvement in compliance with the PIHP Contract for those measures included in that contract. (line 4)	clarified? Can DBHR be clear about what they are referencing in the contract?	Core Performance Measures implements HB 1519/SB5732 and is the relevant section to this question.
43.	C	North Sound	(2) Describe how you will fund the services and incorporate and coordinate with public and private resources. (line 19)	There is no .081 through .084. These are all .080 Please confirm if this is a typographical error.	Responses requested are numbered 1-5 and were intended to be answered in relation to RCW 70.96A.080.
44.	C	North Sound	(3) Describe your involuntary commitment program. (line 19)	There is no .081 through .084. These are all .080 Please confirm if this is a typographical error. Involuntary treatment is not specifically identified in this RCW but it is addressed in 70.96A.140. So we are not sure what DBHR wants in these items.	Responses requested are numbered 1-5 and were intended to be answered in relation to RCW 70.96A.080. You are correct that ITA is not called out in this RCW. This is a standalone question on line 27 of the DP Attestations and Responses are will be deleted from the response requested in line 19.
45.	C/P	North Sound	(4) Describe your use of Medication Assisted Treatment therapies. (line 19)	There is no .081 through .084. These are all .080 Please confirm if this is a typographical error. Medication Assisted treatment is not specifically identified in this RCW but it is addressed in 70.96A.400 and .410. So we are not sure what DBHR wants in these items.	Responses requested are numbered 1-5 and were intended to be answered in relation to RCW 70.96A.080. Request for response will be moved to 70.96A.410.
46.	C/P	North Sound	(5) Provide a comprehensive assessment of evidence based, research based and promising practices both currently provided and planned to address	There is no .081 through .084. These are all .080 Please confirm if this is a typographical error.	Responses requested are numbered 1-5 and were intended to be answered in relation to RCW 70.96A.080.

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			substance use disorder treatment. Separate these by youth, adult and older adult. (line 19)		Line 19 item number 5 will be amended and not require a response.
47.	F	North Sound	Describe your utilization management system and how you will ensure substance use disorder treatment services are provided to Medicaid enrollees for whom they are medically necessary. Include a process for determining when and how much treatment is offered for other non-Medicaid populations based on the state's priorities. Describe how you will address emerging substance use disorder challenges, such as new trends in opiate, methamphetamine or marijuana use and treatment. (line 24) RCW 70.96.A.100 Acceptance for approved treatment.	There is no .101 in the RCW. We think by separating sections within an item that the numbers got corrupted. Please confirm the reference.	The response regarding emerging challenges will be move to Line 19 under Comprehensive program of Treatment.
48.	P	North Sound	Describe how you will assure that required evaluations and notifications are performed. Include all agreement and arrangements in-place or planned with all entities with shared responsibility for administration, i.e., CDP's, jails, courts, and Department of Corrections. (line 29)	How will the specialized services to DOC parolees be accounted for in the BHO Medicaid rates? Is the BHO also required to provide the evaluations referenced in subsections (1) (2) and (3) to non-Medicaid persons? If so, will this funding be included in our non-Medicaid contracts?	RCW 70.96A.142 – evaluation by a Chemical Dependency specialist. There are no specialized services that need to be accounted for in the rates for this statute. The same coordination of care will need to be done for this population as for others. Refers to RCW 71.05.232 release from state hospital and E&T.
49.	Request for Info	North Sound	For individuals who are under the supervision of the Department of Corrections, describe how you would meet the coordination of care requirements under this provision. (line 34)	Please provide information on what the current procedures and forms are that are used by DOC to obtain signed consents from providers.	This item will be amended and not require an attestation or response.
50.	C	North	(1)Describe how you will address access	Why are we not able to attest to this? Are you asking	This item will be changed to an attestation.

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		Sound	to care, the provision of a full array of services and identification of needs for youth, adults and older adults in compliance with this section. (line 150)	us to describe this for SUD services as we already have this for MH services? Why are we not able to attest to how we address Access to Care for mental health services?	
51.	P/C	North Sound	(2)Provide a comprehensive assessment of Evidenced Based Practices, Research Based and Promising Practices currently available and a plan to address any gaps and expansion of practices, including workforce development, staffing ad training. Separate the response by Youth, Adults and Older Adults. (line 150)	Are you asking for a plan for MH and SUD Services?	This item will be changed to an attestation.
52.	P	North Sound	(1) Describe how you will comply with the tribal requirements of these sections. (2) Provide a work plan for the implementation of the American Indian Addendum, Exhibit E to the DPR. (3) Address how you will assure that AI/enrollees have equal access to behavioral health services. (4) Describe how you will provide culturally competent services to AI/AN. (5) Describe your plan to respond to Tribal ITA court orders for Substance Use Disorder Treatment. (6) Address coordination with Tribal providers and provide any written agreements. (line 169) RCW Reference: RCW 71.24.300 (1,2,&3) Upon the request of a tribal authority or authorities within a regional support network the joint operating agreement or	(1)Please provide a clarification on what is meant by describing how we will comply with the requirements of this section. The only requirement listed in 71.24.300 is to "allow for inclusion of the tribal authority...and assure the provision of culturally competent services to the tribes served" (2) Where is Exhibit "E"? (5) What is the responsibility of BHOs to respond to Tribal ITA court orders? Was this included in the rates? Are BHOs responsible for paying for treatment services to non-Medicaid tribal members and/or persons admitted to residential treatment outside of the BHO authorization process? What is the RCW reference for how Tribal Court Orders are to be considered? Reference Line in "Attestations and Responses" Spreadsheet: Line 169 Subject: Tribal Inclusion on Governing Body Question 1: Does this RCW requirement mean that the BHO must offer to every tribal authority in its region a seat on	This is not a change from the current RCW terms describing the relationship between Tribes and RSNs. Question (1) will be amended to read: "How will the BHO "allow for the inclusion of the tribal authority to be represented as a party to the behavioral health organization"? Current practice is that Pioneer North and other residential treatment programs, accept individuals detained under RCW 70.96B who have been detained via a Tribal Court. Funding for these detentions has included SAPT and state funds. After April 1, 2016 These funds will be contracted by the state to the BHO. Question 5 will be amended to read: "How will the BHO provide for a continuation and/or transition of this practice to assure access to these services by tribal members?"

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			<p>the county authority shall allow for the inclusion of the tribal authority to be represented as a party to the regional support network.</p> <p>(2) The roles and responsibilities of the county and tribal authorities shall be determined by the terms of that agreement including a determination of membership on the governing board and advisory committees, the number of tribal representatives to be party to the agreement, and the provisions of law and shall assure the provision of culturally competent services to the tribes served.</p>	<p>the BHO Governing Body? There are 8 Tribal Authorities in the North Sound region. If every Tribal Authority had a seat on the Board, then there would be almost as many tribal seats on the Board [8] and County Elected positions [9].</p> <p>Question 2: What role is the BHO required to offer representative of Tribal Authorities. Since the Tribes will not be risk bearing members, can we offer them an ex-officio, non-fiduciary role?</p>	
53.	P	North Sound	<p>Discuss how your transfer process to ensure a seamless and safe transition in services, including the sharing of information. Discuss how your transfer process will work with a region that is fully integrated and is not managed by a BHO. (line187)</p>	<p>What is the second sentence referring to? Will we have to have an MOU with both MCOs and the crisis services ASOs? Would like to request more conversation with HCA regarding this requirement. What if the BHO and ASO cannot reach an agreement?</p>	<p>The BHO will need to have a working relationship with all components of the Fully Integrated Region; this would include any Contracted MCOs and any other entity managing the crisis system.</p> <p>We acknowledge not all the other entities for the Fully Integrated region will be in place, it is sufficient to describe how you intend to develop a relationship with these new entities and the core processes that will need to be included in a transfer agreement that might be unique to working with an MCO vs. a BHO.</p>
54.	P	North Sound	<p>Describe the process for identifying alternatives to commitment. (line 229)</p>	<p>Is this something we can attest to as it is already performed for MH?</p>	<p>This item will be amended and not require an attestation or response.</p>
55.	P	North Sound	<p>(1) Describe how you coordinate with the CLIP administration. (2) Describe the process for identifying alternatives to</p>	<p>How is this different from what is currently required for MH? Why can't we just attest to this? How is it different?</p>	<p>With the increased focus on children's services, due to recent litigation, it is important as we reorganize into BHO's that there be a</p>

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			commitment. (line 231)		concentrated effort to coordinate closely with CLIP facilities and demonstrate this to our stakeholders.
56.	P	North Sound	Describe how you will notify and provide information regarding changes from BHO Integration to enrollees, providers and allied systems with which you coordinate care. (line 245)	Will DBHR initiate communication? Such as an updated Benefits Booklet; Sections 42.part 410 refer to Supplemental Insurance for Medicare, is this the correct citation? Section 42. Part 420 also pertains to Medicare, with few references to Medicaid, is this the correct citation?; SMM 2902 is Fair Hearings and Appeals, with requirements for notification, isn't this the State's responsibility? What will DBHR be responsible for and what will BHO's be responsible for?	<p>DSHS and HCA will be doing an initial communication to all enrollees about the change from FFS for SUD to managed care. DSHS will be producing and posting an updated benefits book and BHOs will be required to provide it to enrollees at the time they seek services.</p> <p>Enrollees will receive an auto generated letter at the time they become eligible for Medicaid that informs them of their benefits and rights.</p> <p>The rights and access process are different than the under Fee for Service. The BHO needs to submit a plan that will describe the regional efforts to make sure providers and enrollees have a working knowledge of this information.</p> <p>In addition, you must educate your local stakeholders on the process to access SUD services and how it has changed for coordination of care and referrals.</p>
57.	P	North Sound	Cause for disenrollment section (line 251)	What entity performs disenrollment? It is our understanding that the PIHP does not do disenrollment, it is the State's responsibility?	This item will be removed.
58.	P/C	North Sound	Provide information on how enrollees can receive medically necessary out-of-network services when those services are not obtainable within your network or not obtainable within the timeframes	Will the existing Medicaid Benefit Booklet be revised to include SUD services? Does this specifically apply to SUD services? Can we attest to how we provide MH services? Can you provide an example of SUD out of network services?	<p>The Benefits booklet will be revised to include SUD services and benefits. It will be provided online for use by the BHO's.</p> <p>The question will be modified to specifically</p>

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Question Number	Type	BHO	Section of DPR/Topic	Question	Answer
			specified in the contract. (line 275)		address SUD services. No attestation needed. An example of out of network might be, services provided for an individual who is emergently admitted for withdrawal management in another region.
59.	P	North Sound	Fully describe how you will coordinate services with the health care system in compliance with this provision, the PIHP contract and good practice. Provide agreements, proposed agreements and policies and procedures. (line 280) 42 CFT 438.208(b)(1,2 & 3) Primary care and coordination of health care services	Does existing Apple Health MOUS meet this requirement?	The existing MOUs would need to be updated to specifically address the expansion into SUD services. The response should not only refer to an MCO's but more broadly how will healthcare be coordinated maximize benefits for the enrollee.
60.	P	Peninsula	Exhibit E Question	What is the purpose of the American Indian Addendum?	Washington has a historic and unique government-to-government relationship with Indian Tribes. The intent of the addendum is to honor and reflect that value. An important consideration in evaluating network adequacy and essential community provider accessibility will be the extent to which a BHO can assure that services to AI/AN will be readily accessible and without delay. Indian Tribes are entitled to special protections and provisions under federal law. The Addendum identifies several specific provisions that have been established by federal law that apply when contracting with I/T/U providers. The use of the addendum benefits both the BHO and the I/T/U provider by lowering the perceived barriers to contracting; assuring that the BHO will comply

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					with federal law, and minimize potential disputes.
61.	P	Tri-West	Process Question	Will the period of 11/1 to 1/16 be a black out no communication time period?	No- This is the period that DBHR will be reviewing the responses but as questions arise there will be communication with the BHO to provide clarification. BHO's can continue to contact DBHR with questions as well.
62.	P	North Sound		How can we meet Network Adequacy for MAT through OST or Primary Care with Suboxone-BHO's can't make Dr.'s prescribe. Only 1 out of 4 does that service and it is up to local authority to set the number of patients that can be seen or authorize a waiver. How is this the BHO's responsibility when they have no control over the decisions that affect access?	<p>Medication Assisted Treatment (MAT) is not called out as a state plan service, it is provided as part of our outpatient continuum of care. The contract requires that the BHO provide access to this service either by direct contract or coordinated referral process to a HCA provider.</p> <p>MAT like some other residential and outpatient services are specialized and therefor more limited. It is expected the BHO will manage the medically necessary care with other services and monitor continued need for MAT until a transition can be facilitated or is no longer needed.</p> <p>Generally it is expected that the BHO play a role in working with local government and medical providers to develop resources that will address the SUD needs of the individuals in the region. This service has been called out consistently in legislative priorities.</p>
63.	P	North Sound	Other BHO Related Question	Proviso requires an Interstate Agreement that lays out all responsibilities. Level of Coordination in the community prior to us describing in the detailed plan?	Item will be amended and will not require an attestation or a response.
64.	P/C	Peninsula		#300 in the list of Attestations and Responses for	The response may disregard the reference to

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				Detailed Plan lists 42 CFR 438.404(c) which references 42 CFR 431.213. In 42 CFR 431.213(h) states: (h) The date of action will occur in less than 10 days, in accordance with §483.12(a)(5)(ii), which provides exceptions to the 30 day notice requirements of §483.12(a)(5)(i). 483.12 this is applicable to long term care. We do not provide or authorize long term care. Is it acceptable to disregard the reference to 42 CFR 431.213(h)?	42 CFR 431.213 (h) which is not applicable.
65.	P	Peninsula	DPR Matrix	Both the current contract and the Detailed Plan make reference to WAC 388-877A-0410-0460. This WAC does not appear to exist. How can we comply or respond to this requirement?	This reference is to the new Grievance WAC. It is now available on the Access Washington Website.
66.	P	King	DPR Matrix Line 170	Line 170 of the Attestations document refers RCW 71.24.300 (6) which originally applied to the newly forming RSNs- a 6 year plan with two year plans required biennially thereafter. Is it DBHR's intent that BHOs actually attest that they will submit a 6 year plan, in addition to the detailed plan request?	The detailed plan submission will service as the initial 6 year plan referenced.
67.		Optum	Section C – Detailed Plan Contents 1. Detailed Plan Subjects	To assist bidders with providing the most comprehensive and compliant Detailed Plan, it would be very helpful if DSHS could provide a response outline for the Detailed Plan Subjects (I- XIII).	DBHR will not be providing an outline for the Detailed Plan Subjects. DBHR expects that each respondent to the Detailed Plan will organize their information in a way that works best for them to demonstrate their plans. There is overlap of responses that may fit into more than one subject and it was decided that it would be best left to those responding to determine where the information will go.
68.		Optum	Section C – Detailed Plan Contents	<i>Section C. Detailed Plan Contents, Section IV (Network</i>	DBHR does not have a prospective format for

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			1. Detailed Plan Subjects	<p><i>Analysis and Development Plan) asks for information about i. Mental Health and ii. Substance Use Disorder.</i></p> <p>Does DSHS have a preferred format for prospective BHOs to submit network information? Is there particular information about currently contracted mental health providers and potential substance use providers that DSHS wants included in our response (e.g., direct service locations of providers, mental health / substance use services currently certified to provide by DBHR, whether a FQHC, etc.)?</p>	the BHO's submission of the network. There is not an expectation that Mental Health Providers in the BHO's network be submitted. Please submit the network of SUD providers that the BHO plans to contract with for the provision of SUD services to meet the level of service(s) required by the state plan and current RCWs.
69.		Optum	Attestation/Responses for Detailed Plan Request	Do we need a policy in place for all items marked as an Attestation?	No. There is not a requirement to have a policy in place for each item that needs an Attestation. The Attestation is formal acknowledgement that the RCW or CFR has been reviewed, understood and the BHO's will comply with the requirement.