WAQRR.ORG

Community Behavioral Health Agency Toolkit (CBHA)

Learn how to partner/become a BHA to gain access to resources.

info@waqrr.org

WAQRR
Washington Alliance For Quality Recovery Residences

253-293-5208

WAQRR

Washington Alliance For Quality Recovery Residences

Recovery isn't an abstract concept. People live out recovery in real-life contexts. In recovery homes, we learn to live in the community, navigate disagreements, manage resources, and to set and realize goals. Our residences provide safe and supportive environments where people in recovery live out their recovery day by day.

The primary mission of WAQRR is to promote the establishment, successful management, and growth of high-quality community-based recovery residences in Washington State.

We accomplish this by:

- Maintaining quality standards for recovery residences
- Certifying and publicizing recovery residences
- Interfacing with neighborhoods, government, and other agencies.
- Providing resources and training for residence operators.

Where Recovery Lives.

This toolkit is for recovery residence operators to partner with community behavioral health agencies to help provide Medicaid reimbursable services, in accordance with the Service Encounter Reporting Instructions Guide (SERI).

BACKGROUND

Substance Use Disorder (SUD)

Substance use disorder (SUD) is the persistent use of drugs (including alcohol) despite substantial harm and adverse consequences to an individual. Characterized by mental/emotional, physical, and behavioral problems, including chronic guilt, substance use disorders can cause the inability to reduce or stop consuming the substance(s) despite repeated attempts, driving while intoxicated, and physiological withdrawal symptoms.

Over the past several years, the public and policymakers have become more aware of the devastating effects and costs of substance use disorder or addiction in the United States. There are effective treatment options for substance use disorder. Following treatment, living in a community in sober housing or recovery housing allows for continued time in recovery in a supportive environment. The support of others in recovery is considered a critical component of success.

Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." People can and do recover from addiction and mental health disorders. Four major dimensions that support recovery:

Health: overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.

Home: having a stable and safe place to live.

Purpose: conducting meaningful daily activities and having the independence, income, and resources to participate in society.

Community: having relationships and social networks that provide support, friendship, love, and hope.

Recovery Housing

Since the 1970s, many people in recovery have established sober housing or "recovery housing," residential environments that provide people in recovery from substance use disorder a safe, alcohol and drug-free place to live. Recovery housing varied in quality and options for care.

NARR

In 2011, a group of sober housing operators created a code of ethics for recovery homes. They formed the National Alliance for Recovery Residences (NARR) and established a National Standard for recovery residences. This standard defines the levels of care in recovery-oriented housing and services and defines four categories known as "levels of care" or "levels of support." The NARR Standard guides certifying effective recovery residences and incorporates the social model of recovery with levels of support in the house.

WAQRR

The Washington Alliance for Quality Recovery Residences (WAQRR), founded in 2017, is the Washington affiliate of NARR. WAQRR comprises a network of safe, effective, and high-quality recovery residence operators who provide the housing essential for recovery from substance use disorder. WAQRR's mission: maintaining quality standards for recovery residences, certifying and publicizing recovery residences, interfacing with neighborhoods, government, and other agencies, and providing resources and training for residence operators.

Washington State passed legislation (Substitute House Bill 1528) in 2019, codified at RCW 71.24.660. The legislature found substance use disorder is a disease impacting families and society. A system of care that includes prevention, treatment, and recovery services that support and strengthen affected individuals, families, and the community at large can combat the more significant issue. The legislature determined that access to **quality recovery housing** is **crucial** for helping **individuals remain** in **recovery** from substance use disorder **beyond** treatment.

Washington State found it beneficial to the community to invest in individuals' recovery with access to quality recovery housing. Without it, individuals are more likely to relapse, impacting their recovery, families, and communities. These challenges are compounded by an overall lack of affordable housing nationwide. Recovery is a long-term process and requires a comprehensive approach. This act addresses the quality of recovery housing in the state of Washington by recognizing the potential for fraudulent and unethical recovery housing operators.

Recovery residence referral mandate - RCW 71.24.660

Substitute House Bill 1528, passed by the State Legislature in 2019 created RCW 71.24.660. Starting January 1, 2023, service providers will need to refer qualified individuals to recovery housing on the HCA Recovery Home Registry.

If you are a provider that has connections with a recovery home that is not included in the registry, please contact the Washington Alliance for Quality Recovery Residences with contact information, so they can reach out and potentially start the process of becoming included on the registry.

You can contact us via email at

info@waqrr.org.

Social Model Recovery

The social model approach is at the foundation of all recovery residences. The social model guides the domains and principles of accredited recovery environments and helps to define what makes a recovery residence different from some other shared living environments.

Principles of the social model include an emphasis on experiential knowledge gained through recovery experience. Residents draw on their experience as a way to help others. Residents are supporters, both giving and receiving help. The concept of a psychological sense of community, which comes primarily from community psychology, is a similar construct that deals with the feelings of connectedness, group membership, and need for fulfillment that members of a community may have toward other members.

Community Based Health Agency(CBHA)

This toolkit provides assistance for those in the beginning process of deciding what type of recovery residence they want to operate and how to secure funding to keep the doors open.To this end, an operator can either partner with an existing **Community Behavioral Health Agency (CBHA)** or become one. A CBHA designed to ensure access to coordinated comprehensive behavioral health care. CBHAs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth (SAMHSA).

CBHAs will provide integrated care across the health care continuum, promoting a recovery-based focus to services. Substance use disorder treatment providers who are a part of the CBHA treatment team will work collaboratively with primary care and other behavioral health service providers to address the holistic needs of individuals seeking care. Providers with expertise in substance use disorder care are able to ensure that all services provided in the CBHA include recovery-focused attention to substance use disorder prevention, assessment, and treatment.

Possible Medicaid Reimbursable Services in a Recovery Residence:

- Assessment
- Case management
- Outpatient treatment
- Brief intervention
- Alcohol/Drug Information Schools
- Financial/Debt management coaching
- Conflict management education and coaching
- Career Preparation
- Spiritual Counseling
- Peer services

Recovery Support Services can include, but are not limited to:

- Transportation to and from treatment or recovery support Services
- Employment Services and job training
- Relapse prevention
- Housing Assistance Services
- Family/marriage education

WAC 246.341.0110 outlines available certifications required to offer specific services. Section 0700, 0720, 0722, and others.

WHAT IS A COMMUNITY PARTNER?

A partnership is a formal arrangement between two or more parties working together to support a person with a SUD in Recovery Housing. "A group of leaders or organizations that use an inclusive strategy to establish shared goals for their community and agree to use their personal and institutional resources to achieve them."

We're not supporting our residents well if we're leaving them on their own to navigate the confusing landscape of community resources or operating as if a one-size-fits-all approach is sufficient for each individual's recovery. The bottom line is community partnerships will ultimately deliver better recovery outcomes for the individuals in recovery and a better community!

Why do we need community partners?

- No single organization can provide all services and resources.
- The diversity of residents' needs and preferences requires multiple options and formats for services.
- Recovery must take the 'whole person' into account – no one organization can specialize in everything.
- Recovery is a multi-faceted issue that requires multi-faceted solutions and options.
- Partners allow us to focus on what we know how to do best while leveraging their specific expertise.

Benefits of community partnerships

- Enhance provider coordination and continuity of care for residents.
- Residents less likely to compromise sobriety – become aware of stressors, prevent a slip from becoming a relapse.
- Increase efficiency and maximize the use of resources (each org focuses on its specialty while aiming for whole-person care).
- Partnerships lead to opportunities for increased compassion and empathy in the community – (now I know someone!).
- Improve health equity and inclusion by partnering with agencies that serve different communities.
- Allow for innovative and effective recovery strategies without increasing costs
- Research shows that diverse perspectives lead to more creative and innovative strategies.
- We need many experts at the table to improve the overall quality of services and resources for residents.

OUTREACH

To contact potential community partners, you must first identify residence staff who will take the lead in exploring partnerships and report to the team on progress. Outreach typically starts with an email or phone call – inquire name and contact of the appropriate individual (manager, community engagement specialist, peer specialist, etc.)The first semi-formal contact should include a description of residence and resident needs, objectives for potential partnership, and a request for an opportunity to discuss ideas further. Keep in mind that site visits are standard, as are invitations to join team meetings – be proactive with informed proposals, questions, and suggestions for the next steps!

Identifying potential community partners

IDENTIFY NEEDS

- What obvious unmet needs exist?
- Survey residents
- Survey staff
- Consider whole-person care domains.

DEFINE OBJECTIVES

- What do you hope to achieve with new partners?
- How do you envision a partnership being mutually beneficial?
- Consider your residence's capacity for contributing to a new partnership.

ID POTENTIAL PARTNERS

- Utilize staff and resident knowledge of available resources.
- findhelp.org
- crisisconnections.org
- Google search ('medicaid dental Yakima', etc.)

Evaluate potential community partners

PARTNER PROFILE

- Agency's history, mission
- Services provided
- Locations
- Referral routes
- Size of staff/number of clients served

PARTNER FIT

- Mission, philosophies, services that align with your residence?
- Good standing in the community?
- Welcoming environment for those in recovery? Resident/staff experience and opinions?

ELIGIBILITY/CAPACITY

- Costs of services/insurances accepted
- Are service providers currently accepting new clients?
- How long is wait for first appts for new clients?

Tips for successful and sustainable community partnerships

- Designate a partnership coordinator or point-person and identify the same for the partner organization.
- Clarify preferred referral routes and information to be shared (ROIs necessary?)
- Don't let partnership stagnate before it begins – Get your boots muddy collaborating on something mutually beneficial.
- Regular communication with your partner: check-ins, updates, offers of assistance.
- Make time during team meetings to give status updates on community partnerships, and address difficulties.
- Build familiarity: invite partners to visit and present their services during staff and resident meetings.
- Celebrate small successes – and brainstorm how to build on them!
- Identify pathways for addressing roadblocks, conflicts, and grievances between partners, residents, and partner organizations.
- Make sure partners know they are valued – include mention of them in newsletters, social media, websites, etc., as appropriate and with permission.

Barriers to strong partnerships

- Lack of interpersonal capacity – everyone is busy
- Staff turnover without warm handoffs
- Lack of mutual benefit
- Historic service silos
- Unresolved grievances / adverse experiences
- Apprehension and stigma against those in recovery
- Resident needs don't intersect with available resources – few referrals, no tangible benefits apparent

FOUNDATIONAL COMMUNITY SUPPORTS (FCS)

Foundational Community Supports (FCS) provides supportive housing and employment services to our most vulnerable Medicaid beneficiaries. These services promote self-sufficiency and recovery by helping participants find and maintain stable housing and employment. Supportive housing services help individuals get and keep community housing. Supported employment services help individuals with barriers to employment get and keep a job.

FCS Program Gets Results

The Research and Data Analysis (RDA) Division of Department of Social and Health Services (DSHS) released a preliminary evaluation report on the Foundational Community Supports (FCS) program. FCS, also known as Initiative 3 of the Medicaid Transformation Project, assists the State's most vulnerable people in finding and keeping stable housing and employment. FCS consists of two services: supportive housing and supported employment.

Background on FCS

FCS is a partnership between the Health Care Authority (HCA) and DSHS' Aging and Long-Term Support Administration. Amerigroup is the contracted third-party administrator for FCS. They work with a variety of agencies that provide supportive housing and supportive employment services based on evidence-based practices to help people find and keep housing and jobs. Supportive housing and supportive employment services work with employers and property owners to match individuals with the right environment. View the provider map.

Supportive services

In 2018, FCS began providing targeted, supportive housing services for eligible Medicaid beneficiaries. To qualify, individuals must be Medicaid-eligible, complete a needs assessment, and fit within the profile of at least one of these groups:

- People who are experiencing chronic homelessness
- People who depend on costly institutional care
- People who reside in adult residential care/treatment settings
- In-home care recipients with complex needs
- Those at highest risk for expensive care and negative outcomes

Washington's FCS Benefit

Washington's new FCS benefit funds services at approximately **$6,300 per person** served in supportive housing per year. For example, assuming fifteen tenants, a service provider may receive **$94,500 per year.** The benefit pays for helping applicants obtain documentation and complete paperwork necessary to move into housing and, once housed, the benefit includes funding to assist tenants with:

- Planning to meet treatment and services needs.
- Working with property managers.
- Life skills training.
- Budgeting.
- Accessing treatment and benefits.
- Eviction prevention.

Providers determining that their tenants need additional support can access enhanced payments by seeking additional authorization.

Supportive housing

A supportive housing developer can ensure funding for services in each unit designated as supportive housing if eligibility for housing is based on eligibility for the FCS benefit. Eligibility for the benefit is based on **three key eligibility requirements for supportive housing:**

- 18 or older
- Medicaid-eligible
- Must meet **at least one** assessed health needs-based criteria and is expected to benefit from community support services:
    - Mental health need where there is need for improvement, stabilization or prevention of deterioration of functioning resulting from the presence of a mental illness (receiving services through a behavioral health organization [BHO] or integrated managed care [IMC])
    - Need for outpatient substance use disorder (SUD) treatment (receiving services through BHO or IMC)
    - Need for assistance with three or more activities of daily living (ADL) (receiving long-term care [LTC] services)
    - Need for hands-on assistance with one or more ADL (receiving LTC services)
    - Complex physical health need, which is a long continuing or indefinite physical condition requiring improvement, stabilization or prevention of deterioration of functioning (including the ability to live independently without support)

Must meet at **least one risk factor:**

- Homeless for at least 12 months or Homeless on at least four separate occasions in the last three years (combined to equal at least 12 months)
- Two or more contacts in the past 12 months or 90 or more consecutive days within an institutional setting
- Two or more adult residential care stays within the past 12 months
- Frequent turnover of in-home caregivers
- Predictive Risk Intelligence System (PRISM) score of 1.5 or above

Helpful Links and Resources

FCS Elgibility and Reference Guide

Supportive Housing Referral Form

Supportive Employment Referral Form

HCA FAQ Sheet

Provider One Access

Underwriting Supportive Housing Projects with Medicaid Services Funding

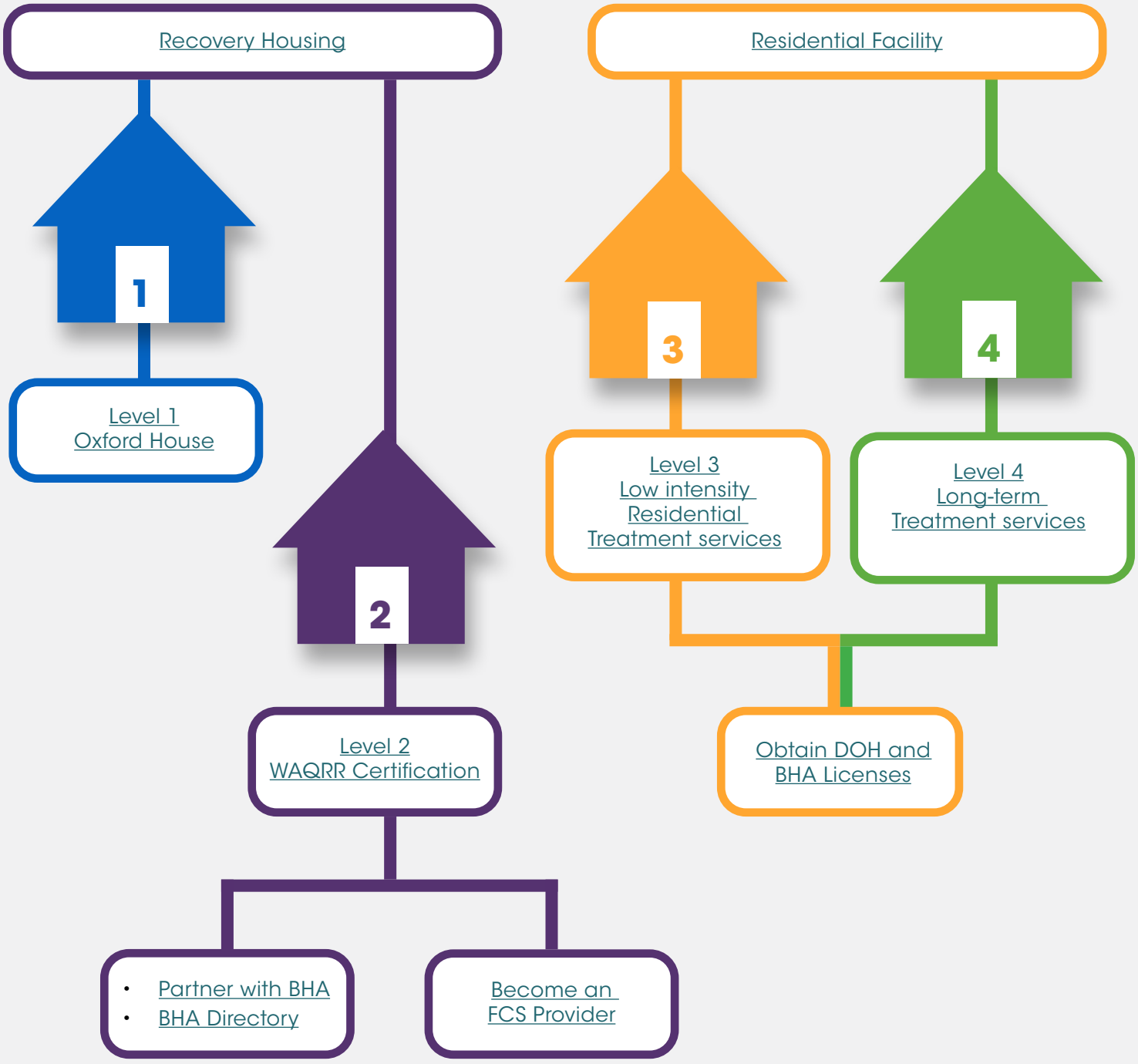
Coordinating Vocational Rehibilitation

Service Supplanting Guidance

DECISION TREE

Use this page to help determine the level of housing.

This page guides you through our toolkit as you learn **how to partner/become a community behavioral health agency** to expand access to services. The sections are color-coded. For example: If you have a residence and want to partner with BHA, then you want Level 2; pay attention to the purple sections. **Click on the boxes** which link to helpful **resources** and **documents**. Also, become familiar with **SERI guide.**



LEVELS OF CARE

To make sense of the variety of recovery housing out there, the National Alliance for Recovery Residences (NARR) organizes them into four groups according to levels of care.

Another way to think about it is according to the personal support residents receive at each level.

Level 1 homes are largely self (peer) operated—there is no external support unless something goes wrong.

Level 2 homes (sober homes) usually have a house manager appointed by the house owner/operator. Their role is to manage the operation on the ground. The position is generally not a staff person but a senior resident who does occasional business on behalf of the owner/operator and enforces policies.

Level 3 homes typically have staff who carry out fundamental roles, including case management, life skills coaching, policy enforcement, etc.

Level 4 are facilities and staff are usually certified—mental health counselors, chemical dependency professionals, nurses for medication, etc.

NARR
National Alliance for Recovery Residences
Community • Standards • Ethics • Education

Level 1 homes generally comprise Oxford houses. There may be others, but they generally stay under the radar. Residents support their recovery financially and make all decisions about admissions, discipline if needed, house policies, etc. There is no program and minimal structure. Houses are alcohol and elicit substance-free.

Level 2 homes are often owned and operated by someone who has set up policies for residents to follow and engaged a manager to run things on the ground. This model is economical and usually funded by the rent paid by residents. There is no staffing or special programming.

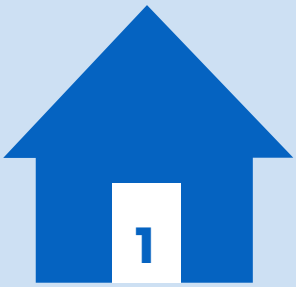
Level 3 homes include some staffing and some program components. Curfews, daily group check-ins, regular house recovery meetings, and group meals provide structure to level three homes. In rare cases, states may license homes.

Level 4 homes are very structured and staffed with certified professionals. They are not in-patient treatment because residents may leave, have a say in how the residence is operated (through resident counsels or similar structures), and are generally responsible for their recovery. Some level 4 homes refer to themselves as therapeutic communities. We currently don't know of any in WA.

WHAT SERVICES DO YOU WANT TO OFFER?

Here are characteristics of differing levels of care.

Each level of housing is based on the social model for recovery support and provide alcohol and elicit drug-free environments.

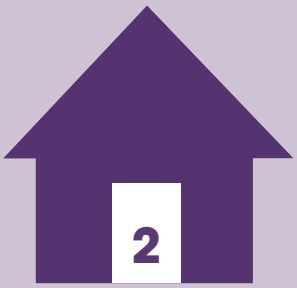


PEER-RUN

OXFORD

LENGTH OF STAY

1-24 MONTHS



MONITORED

WAQRR CERTIFIED

LENGTH OF STAY

6-24 MONTHS

SUPERVISED

LICENSED AS BHA

LENGTH OF STAY

3-6 MONTHS

SERVICE PROVIDER

RTF/DOH

LENGTH OF STAY

1-3 MONTHS

Housing Voucher

Residential Treatment DOH and BHA Licenses

Peer Services and Life Skills—
Department of Commerce Operations Funds

Foundational Community Supports
BHA License SERI p. 125

Partnership with BHA
for Services
or BHA License
See here for
Services Categories
offered by BHA

Level 3.1 or 3.5 Medicaid Per Diem
SERI p.114 & 118

BHA LICENSING AND CERTIFICATIONS PROCESS

The Department of Health (DOH) licenses and regulates inpatient and outpatient Behavioral Health Agencies that may be certified to provide mental health, substance use disorder (SUD), problem gambling and gambling disorder services, or any combination of these types of services.

A behavioral health agency licensed by the department may become certified to provide one or more of the mental health, substance use disorder, and problem gambling and gambling disorder services listed below from WAC 246-341-0110.

BHA licensure and certification are **required** if an agency intends to seek **Medicaid reimbursement**, provide **court-ordered** mental health or **SUD services**, or as or as specified by state law. The best resource for BHA licensing and certifications is the DOH website.

**Credentialed behavioral health professionals providing general behavioral health services and billing under their professional credentials are not required to be licensed as a BHA.*

Verify the status of a BHA license

The quickest way to check the status of a behavioral health agency (BHA) license is on the **Facilities Credential Search** site. This site will show if the license is in **active** or **pending** status. The status is quickly updated to active when the review process is complete. Agencies should receive a hard copy of the active license in the mail within seven to 10 business days.

Process and requirements

Licensing applications are reviewed within a few days of receipt. If there is missing or incomplete information, a Department of Health staff member will notify you via the email address provided on the application. The department would mail you a letter if you didn't give an email address. Processing time varies for each application depending on the completeness and the speed of meeting requirements.

Licensing requirements differ depending on whether you're applying for an initial license or renewing or amending an existing one. The forms and applications web-page provides resources and links to the licensing documents required for submission to the department.

BHA Licensing and Certification Applications and Forms (includes applications for BHAs)

Opioid Treatment Programs (OTP), Deeming, and Mobile Unit Notification. Available certifications (WAC 246-341-0110)

The licensing and certification process is directed by RCW 71.24.590 and WAC 246-341-1005.

Policies and procedures

All applications for initial licensure and certification or adding services must include the submission of policies and procedures. It is crucial that your agency's policies and procedures address the requirements in WAC 246-341, and describe how the WAC requirements are implemented at your agency. For example, WAC 246-341 Policy and Procedure Review Tool (PDF).

Steps

1. Submit a completed behavioral health agency licensing application, a community relations plan, and fee.
2. Submit policies and procedures demonstrating compliance with Chapter 246-341 WAC for review and approval.
3. Obtain drug other controlled substance registration (PDF) from the Pharmacy Quality Assurance Commission.
4. Obtain accreditation from a federally recognized accrediting organization.
5. Obtaining approval from the federal Center for Substance Abuse Treatment (CSAT) and the federal Drug Enforcement Administration (DEA).
    - The department will hold a public hearing in the community where the facility is proposed to be located. Applicants must respond to any concerns resulting from public comments received by submitting a community relations plan- concerns.

Laws

Chapter 71.24 RCW Community Mental Health Services Act – This chapter grants Department of Health the authority to license behavioral health agencies and to certify behavioral health services (see RCW 71.24.037)

Chapter 71.05 RCW Mental Illness – This chapter contains requirements for services provided to adults under civil commitment (involuntary detention) for behavioral health conditions.

Chapter 71.34 RCW Mental Health Services for Minors – This chapter contains requirements for services provided to minors under civil commitment (involuntary detention) for behavioral health conditions.

Department of Health rules

Chapter 246-341 WAC Behavioral Health Services Administrative Requirements – These rules describe the licensing and certification requirements for behavioral health agencies and the services they provide.

Applications and Forms

BHA License Application (PDF)

Community Relations Plan (PDF)

Mobile Unit Notification (PDF)

Sample Floor Plan (PDF)

Health Care Authority Rules

The Health Care Authority has a behavioral health and recovery rule-making website showing its rule-making activity related to behavioral health agencies and services Health Care Authority rules related to behavioral health and managed care are in title 182 WAC.

Opioid Treatment Programs (OTP)

Opioid treatment programs (OTPs) are licensed by the Department of Health (DOH) and use medications for opioid use disorder (OUD) that are approved by the U.S. Food and Drug Administration in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to individuals diagnosed with OUD. There are three medications approved by the Food and Drug Administration to treat OUD.

Methadone – reduces opioid cravings and withdrawal and blunts or blocks the effects of opioids

Naltrexone – blocks the euphoric and sedative effects of opioids and prevents feelings of euphoria

Buprenorphine – suppresses and reduces cravings for opioids

OTPs are clinics licensed by the Department of Health and federally accredited to provide medication-assisted treatment (MAT) services.

Outpatient and recovery support:

- Individual mental health treatment
- Brief mental health intervention treatment
- Group mental health therapy
- Family therapy mental health
- Rehabilitative case management
- Psychiatric medication management
- Medication monitoring service
- Day support mental health services
- Recovery support
- Consumer-run recovery support
- Substance use disorder
- Problem gambling/gambling disorder

Mental health inpatient services:

- Evaluation and treatment services
- Intensive behavioral health treatment
- Child long-term inpatient program Crisis stabilization unit services
- Triage - Involuntary services
- Triage - Voluntary services
- Competency evaluation and restoration treatment service

LEVEL 2: ACCREDITATION

Now that you have determined you want to operate a level 2 recovery residence, the next step is to apply for WAQRR accreditation. It is very easy to get started. Once you are accredited, your homes will be on the recovery housing registry and you will qualify for more funding opportunities.

WAQRR accredited recovery residences undergo annual reviews to ensure consistent safety and quality. This includes program and document reviews, site visits, and resident and staff interviews. WAQRR has developed a list of WAQRR Quality standards that we use throughout the accreditation process. We are a nonprofit organization contracted by the Washington State Health Care Authority to accredit recovery housing and provide quality technical assistance to housing operators.

When seeking WAQRR accreditation remember it is not an instant approved or denied scenario. There will be ample feedback of what is needed to move forward. You will have time to adjust or make changes if required. The goal of WAQRR is to help recovery residence operators maintain quality residences.

Process

Start application: From the WAQRR homepage, click accreditation. This will give you an overview of the process. At the bottom of the page you can start an application.

Determine Level of Care: At the start of the application, you'll be asked to estimate the level of care that is provided in each of your homes.

Submit Documents: Complete the accreditation application and submit all documents online.

Document Review: A WAQRR Accreditation Coordinator will confirm receipt and contact document reviewers and site visitors. Documents are reviewed for compliance with the WAQRR Quality Standard. Results are shared to the applicant and requests follow up if needed.

Phone Interview: WAQRR Accreditation Coordinator will conduct a phone interview with the operator to assess standards relating to house environment, recovery support, and administrative processes.

Site Visit: Site visits are conducted and results are submitted electronically. Accreditation fees are paid at the time of the site visit.

Pending Approval: Once all requirements have been met, the application is sent to the Certification Committee pending approval.

Final Approval: You will receive a certificate and posted on the WAQRR Residence Directory.

We have compiled a Housing Inspection Checklist for site visit preparation that will help you know exactly what we will be looking for during the scheduled site inspection.

Level 3 & 4 Licensing

BHA/RTF

Licensed as both a behavioral health agency(BHA) and a residential treatment facility(RTF). BHA requirements are focused more on the services provided whereas RTF requirements are focused more on the facility requirements.

Licensed by DOH as a Behavioral Health Agency with a certification to provide Recovery House services:

Chapter 246-341 WAC

Chapter 71.24 RCW

Licensed by Department of Health (DOH) as a Residential Treatment Facility (RTF):

Chapter 246-337 WAC

Chapter 71.12 RCW

Behavioral health residential and inpatient treatment services—246-341-0000

Certification Standards: Agencies certified for residential and inpatient treatment services provide individualized intervention, assessment and treatment for mental health, substance use, or co-occurring disorders in a licensed residential treatment facility or hospital. An agency may choose to provide any of the following individual behavioral health services under this certification:

Option 1:

- Intensive inpatient services;
- Low intensity (recovery house) residential treatment services;
- Long-term residential treatment services
- Residential MH
- Intensive behavioral health treatment services;
- Voluntary triage

Option 2:

- Residential MH or SUD services
- Intensive BH services
- Voluntary triage

Requirements

These are the general requirements that apply to all behavioral health agencies (inpatient and outpatient) that provide SUD services. Behavioral Health Agency General Licensure Requirements (WAC 246-341-0300 through 0650). There is some overlap in requirements:

- Governing body
- Administrator
- Policies and procedures
- Individual service plan
- Records system
- HR (background checks, training, etc.)
- Not a personal residence
- Assessment and counseling services provided by a substance use disorder professional (SUDP) or trainee (SUDPT)
- Clinical supervisor who is a SUDP

Behavioral Health Agency Residential SUD Treatment Services Requirements (WAC 246-341-1108)

These requirements are specific to behavioral health agencies providing residential treatment:

- Provide substance use disorder treatment for an individual in a facility with twenty-four hours a day supervision.
- These requirements are unique to behavioral health agency licensure that are not in residential treatment facility licensing requirements:
- Use ASAM criteria for admission, continued services, and discharge planning and decisions.
- Maintain a list or source of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services.
- The individual service plan must be initiated with at least one goal identified by the individual during the initial assessment or at the first service session following the assessment.

Residential SUD Treatment Services are required to provide education on the following:

- Substance use disorders
- Relapse prevention
- Blood-borne pathogens
- Tuberculosis (TB)
- Emotional, physical, and sexual abuse
- Nicotine use disorder
- Impact of substance use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy

Agencies providing **residential and inpatient treatment services** must follow the general requirements as described in WAC sections 246-341-1050.

Agencies certified for residential and inpatient treatment services may also choose to provide information, assistance and referral, behavioral health support, intervention, assessment, and treatment, and outpatient crisis services without additional certification.

Behavioral Health Agency Recovery House Services Certification Requirements (WAC 246-341-1112)

These are the specific requirements for a behavioral health agency providing Recovery House services.

Provide SUD residential treatment services that provide a program of care and treatment with social, vocational, and recreational activities to aid in individual adjustment to abstinence, relapse prevention, recovery skills development, and to aid in job training, employment, or participating in other types of community services.

Provide no less than five hours per week of treatment services in line with ASAM level 3.1

Behavioral Health Agency Residential SUD Treatment Licensing and Certification

Process Overview

Behavioral Health Agency and RTF licensing applications are separate, but can be submitted simultaneously.

Both applications require the submission of policies and procedures (P&Ps) describing how the facility will meet WAC requirements.

Both applications require submission of appropriate fees.

Both applications require background checks for key individuals.

The timeline to receive a license varies based on the length of construction and the quality of the P&Ps submitted. Processing the paperwork can be done very quickly.

Other Resources

- BHA critical incident reporting requirements are directed by WAC 246-341-0420.
- FAQ Complaint Intake Process
- Federal Guidelines for Opioid Treatment Programs (PDF)
- Health professions mandatory reporting
- Notifiable conditions
- Other Partners

Steps

1. Application Submission
2. Submit an application including:
3. Policies and procedures
4. Background checks
5. Fee
6. ADA checklist
7. Policy and Procedure Review
    - Once the completed application and fee is received by DOH the policies and procedures are forwarded to a DOH reviewer.
    - If amendments are needed the DOH reviewer will contact the applicant and work with them until the policies and procedures are approved.
8. On-site Review
    - Once the policies and procedures are approved the DOH reviewer will schedule a time to conduct an on-site visit to review the existing personnel records.
9. Final Approval
    - Once the on-site visit is complete the behavioral health agency license and certification can be activated as long as the RTF license has either been granted or is ready to be activated.

Information on the process and the application forms can be found here: doh.wa.gov

RTF Licensure Requirements (Chapter 246-337 WAC)

These are the **basic requirements** for residential treatment facility licensure:

- Governing body
- Administrator
  - Policies and procedures
  - Individual service plan
  - Records system
  - HR, background checks, training
  - Staff present 24/7

Rules in Progress

Rules are also known as regulations, Washington Administrative Code, or WAC. The rule-making process includes public notices and workshops, and usually a public hearing before a rule becomes final. DOH has several rules in progress that impact **residential treatment facilities and behavioral health professionals.** You may find all of the information about these projects including official documents and notices, past meetings materials, and upcoming workshops and public hearings in the links below.

- CR-101 (PDF) – announcing residential treatment facility rules are open for updating.
- CR-102 – announcing proposed pediatric transitional care services rule updates.
- Department of Health Rule Making
- State Board of Health rules
- Other Department rules in Washington Administrative Code Title 246

These are the requirements unique to RTF licensure that are **not in behavioral health agency licensing requirements.**

- Quality improvement program
- Infection control program
- Staff present 24/7 with one trained in first-aid and CPR
- Food and nutrition services
- Construction standards:
  - kitchen
  - sleeping rooms
  - laundry
  - common rooms
  - water
  - sewage
  - waste
  - lighting
  - electrical
  - heating
  - ventilation
  - air-conditioning
  - refuse
  - waste disposal

Application Submission

- Construction Review Project Application
    - Typically submitted before all other applications since construction takes the longest and the other applications require identification of key staff who may not be hired when construction starts
    - The construction review program does provide optional technical assistance visits ($500) prior to submission of a full construction project application
- RTF Application
    - Policies and procedures
    - Background checks
    - Floor Plan
    - Fee

Policy and Procedure Review

- Once the completed application and fee is received by DOH the P&Ps are forwarded to a DOH reviewer (the same reviewer that approves the behavioral health agency policies and procedures).
- If amendments are needed the DOH reviewer will contact the applicant and work with them until the policies and procedures are approved.

On-site Construction Review

- When construction is complete a DOH construction review architect will conduct an on-site visit to approve the project.
- Once the project is approved the applicant must complete and submit the construction project closeout paperwork to the DOH construction review program.

Washington State Fire Marshal (FM) Approval

- Once the construction review project has been closed out DOH will notify the FM who will schedule an on-site review.
- The FM will notify DOH when approval has been granted.

License is Activated

- With all approvals in place DOH will activate the RTF license and the behavioral health agency license (if ready).

Once the facility has been in operation DOH will conduct an on-site review to confirm compliance with licensing requirements and perform chart reviews. Facilities are then placed on a 18 month survey cycle. Both the behavioral health agency and RTF licenses are renewed annually.

Health Care Entity (HCE) License

The HCE license allows the facility to purchase store, and use legend drugs, including controlled substances when the facility is properly registered with the DEA, rather than a medical provider having to be responsible for medications. The HCE license also allows (but does not require) the RTF to use a licensed pharmacy to supply prescription medications. The RTF may also choose to use an automated drug dispensing device (ADDD) in accordance with WAC 246-874.

Automated Drug Distribution Devices (ADDD)

An ADDD is an automated device used for storage and use of medication used in patient care. These devices are linked to an electronic pharmacy patient records system. ADDDs can help improve patient safety and accountability and inventory of medications.

WAQRR's Role – program support

Washington Alliance for Quality Recovery Residences (WAQRR) is providing the follow technical assistance to anyone interested in recovery residences:

- 1:1 technical assistance with owners/operators of recovery residence
- Webinars which cover multiple topics on best practices and support for emerging issues
- In-person events focusing on Recovery House licensing through DOH and Medicaid reimbursement
- All-day intensive overview of Recovery Residences, NARR model, emerging issues, licensing and reimbursement.
- Train the reviewer events to train people to provide fidelity reviews for WAQRR recovery residences
- Fidelity reviews for upcoming and current WAQRR recovery residences.

WAQRR is also providing expertise to the HCA on recovery residences and the NARR model.

Questions about the licensing and certification process:

DOH Facilities Program Manager

360-236-2937

Julie.tomaro@doh.wa.gov

Questions about applications and application status:

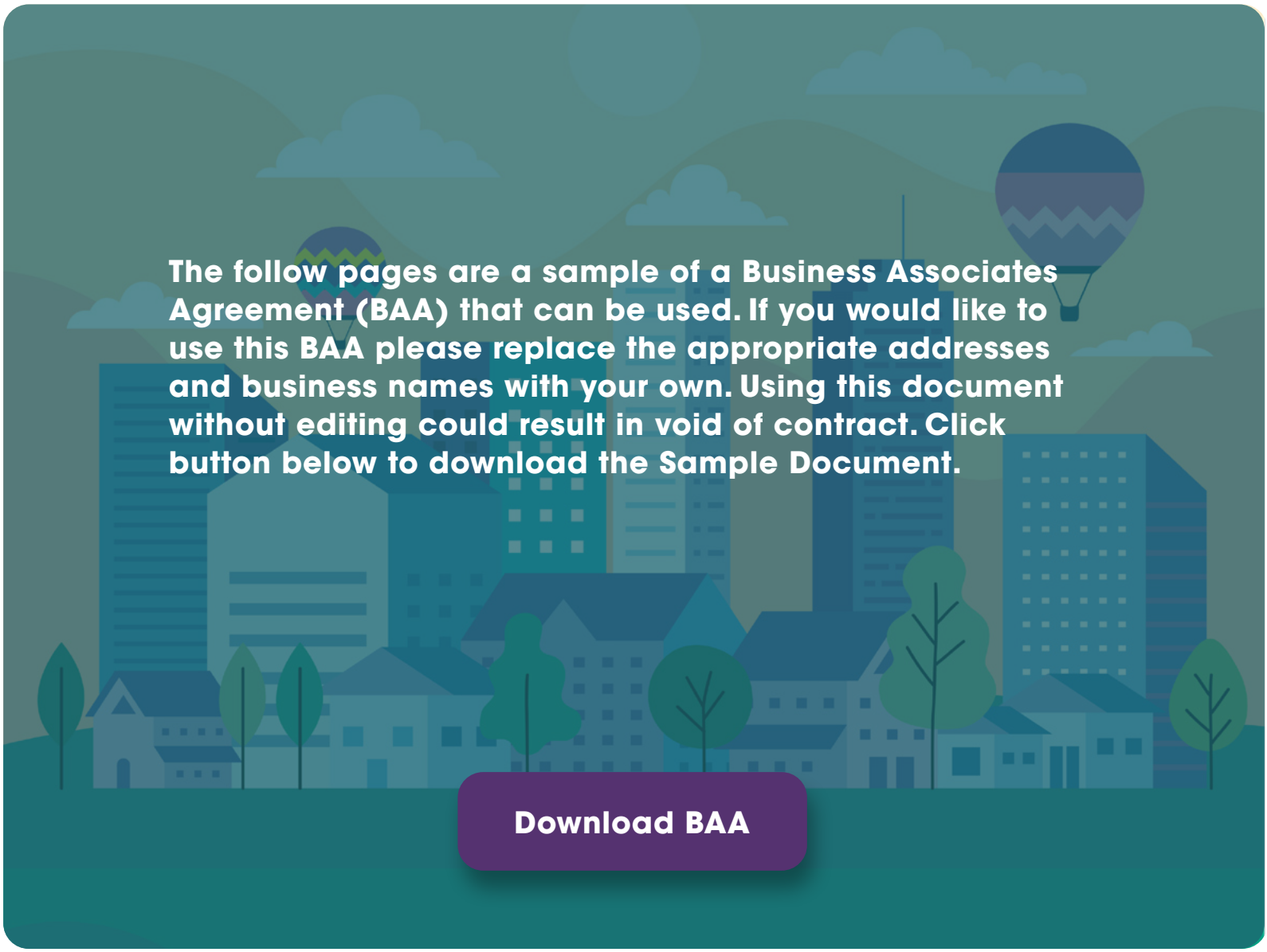
DOH Credentialing Program

360-236-4700

HSQAFC@doh.wa.gov

DOH GovDelivery

Sign up for DOH GovDelivery to be notified of important information and rule-making activities by email. Subscribe here, enter your email address, create a password, and then select Health Systems Quality Assurance (HSQA) and Behavioral Health Care Integration, along with any other topics that are of interest to you.



The follow pages are a sample of a Business Associates Agreement (BAA) that can be used. If you would like to use this BAA please replace the appropriate addresses and business names with your own. Using this document without editing could result in void of contract. Click button below to download the Sample Document.

Download BAA

DISCLAIMER

The information provided by WAQRR ("we," "us" or "our") in this CBHA Toolkit and in the following sample documents is for general informational purposes only. All information is provided in good faith, however we make no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information in the sample documents.

Under no circumstance shall we have any liability to you for any loss or damage of any kind incurred as a result of the use of the sample document or reliance on any information provided in this toolkit. Your use of this document and your reliance on any information in the toolkit is solely at your own risk.

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement") is entered into as of August 1, 2021 is made by and between Fletcher Group, Inc., a 501 c(3) Kentucky Corporation having its principal place of business at 601 Meyers Baker Rd, Ste 238, London, KY 40741 (hereinafter referred to as "Company") and ORGANIZATION (hereinafter referred to as ORGANIZATION) located at xxxxxx and collectively, may be referred to herein as the "Parties".

ARTICLE 1

INTRODUCTION

1.1 Company and ORGANIZATION enter into this Agreement to comply with the requirements of Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, including the privacy, security, breach notification and enforcement rules at 45 C.F.R. Part 160 and Part 164, as well as the Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009 ("HITECH"), as amended, and other applicable federal and state laws (collectively the "HIPAA Rules").

1.2 This Agreement is intended to ensure that ORGANIZATION will establish and implement appropriate safeguards for certain individually identifiable Protected Health Information relating to patients of Company ("PHI" as that term is defined below) that ORGANIZATION may receive, create, maintain, use or disclose in connection with certain functions, activities and services that ORGANIZATION performs for Company. The functions, activities and services that ORGANIZATION performs for Company are defined in one or more agreements between the Parties (the "Underlying Agreements").

ARTICLE 2

DEFINITIONS

2.1 Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the HIPAA Rules, which definitions are incorporated in this Agreement by reference

2.2 For purposes of this Agreement:

2.2.1 "Electronic Protected Health Information" or "ePHI" shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. 160.103, as applied to the information created, received, maintained or transmitted by ORGANIZATION from or on behalf of Company.

2.2.2 "Individual" shall have the same meaning given to such term in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

2.2.3 "Protected Health Information" or "PHI" shall have the meaning given to such term in 45 C.F.R. 160.103, limited to the information created, received, maintained or transmitted by ORGANIZATION from or on behalf of Company.

2.2.4 "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information published in 45 C.F.R. Parts 160 and 164, Subparts A and E.

2.2.5 "Required by Law" shall have the meaning given to such term in 45 C.F.R. 164.103.

2.2.6 "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.

2.2.7 "Security Rule" shall mean the Security Standards at 45 C.F.R. Part 160 and Part 164, Subparts A and C.

ARTICLE 3

GENERAL OBLIGATIONS OF ORGANIZATION

3.1 Use and Disclosure ORGANIZATION agrees not to use or disclose PHI, other than as permitted or required by this Agreement or as Required By Law. To the extent ORGANIZATION is carrying out one or more of Company's obligations under the Privacy Rule pursuant to the terms of the Underlying Agreement or this Agreement, ORGANIZATION shall comply with the requirements of the Privacy Rule that apply to Company in the performance of such obligation(s).

3.2 Appropriate Safeguards ORGANIZATION shall develop, implement, maintain and use appropriate physical, technical and administrative safeguards, and shall comply with the Security Rule with respect to ePHI, to prevent use or disclosure of PHI other than as provided for by this Agreement or as Required by Law.

3.3 Mitigation ORGANIZATION agrees to mitigate, to the extent practicable, any harmful effect that is known to ORGANIZATION as a result of a use or disclosure of PHI by ORGANIZATION in violation of this Agreement's requirements or that would otherwise cause a Breach of Unsecured PHI.

3.4 Breach Reporting. Without unreasonable delay and, in any event, no more than forty-eight (48) hours after discovery, ORGANIZATION shall report to Company any suspected or actual: (a) use or disclosure of PHI not provided for or permitted by this Agreement; (b) Breach of Unsecured PHI as required under 45 C.F.R. § 164.410; (c) Security Incident; and (d) use or disclosure of PHI in violation of any applicable federal or state laws or regulations, of which it becomes aware.

3.4.1 Such notice to be provided by ORGANIZATION under this Section 3.4 shall include the identification of each individual whose Unsecured PHI has been, or is reasonably believed by ORGANIZATION to have been, accessed, acquired, or disclosed in connection with such Breach. In addition, ORGANIZATION shall provide any additional information reasonably requested by Company for purposes of investigating the Breach and any other available information that Company is required to include to the individual under 45 C.F.R. § 164.404(c) at the time of notification. ORGANIZATION's notification of a Breach of Unsecured PHI under this Section shall comply in all respects with each applicable provision of the HIPAA Rules and related guidance issued by the Secretary from time to time.

3.5 ORGANIZATIONs. In accordance with 45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ORGANIZATION shall enter into a written agreement with any agent or ORGANIZATION that creates, receives, maintains or transmits PHI on behalf of the ORGANIZATION for services provided to Company, which provides that the agent agrees to the same restrictions, conditions and requirements that apply to the ORGANIZATION with respect to such information ORGANIZATION shall ensure that any agent, including a ORGANIZATION, to whom it provides Electronic PHI agrees in writing to implement reasonable and appropriate safeguards to protect such information, including, but not limited to, any such safeguards required with respect to such agent or ORGANIZATION by the Privacy Rule or the Security Rule.

3.6 Access to PHI ORGANIZATION agrees to provide access, in the time and manner designated by Company, to PHI in a Designated Record Set to the Company. If an Individual makes a request for access pursuant

to 45 C.F.R. § 164.524 directly to ORGANIZATION, or inquires about his or her right to access, ORGANIZATION shall, within five (5) business days of receipt of such request, forward it to Company. Any response to such request shall be the responsibility of Company.

3.7 Minimum Necessary Requirement ORGANIZATION agrees that when requesting, using or disclosing PHI in accordance with 45 C.F.R. § 502(b)(1) that such request, use or disclosure shall be to the minimum extent necessary, including the use of a "limited data set" as defined in 45 C.F.R. § 164.514(e)(2), to accomplish the intended purpose of such request, use or disclosure, as interpreted under related guidance issued by the Secretary from time to time.

3.8 Amendment of PHI ORGANIZATION agrees to make PHI contained in a Designated Record Set available to Company for amendment pursuant to 45 C.F.R. § 164.526 within five (5) business days of ORGANIZATION's receipt of a request from Company. If an Individual makes a request for amendment pursuant to 45 C.F.R. § 164.526 directly to ORGANIZATION, or inquires about his or her right to access, ORGANIZATION shall, within five (5) business days of receipt of such request, forward it to Company. Any response to such request shall be the responsibility of Company.

3.9 Accounting of Disclosures. Within five (5) business days after ORGANIZATION receives a request from Company, ORGANIZATION shall provide to Company information collected in accordance with Section 3.11 of this Agreement, to permit Company to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. If any Individual requests an accounting of disclosures of PHI directly from ORGANIZATION, ORGANIZATION shall, within five (5) business days of receipt thereof, forward such request to Company. Any response to such requests shall be the responsibility of Company.

3.10 Access to Policies and Records ORGANIZATION agrees to make its internal practices, books and records, including policies and procedures regarding PHI, relating to the use and disclosure of PHI and Breach of any Unsecured PHI received from Company, or created or received by the ORGANIZATION on behalf of Company, available to Company or the Secretary for the purpose of Company or the Secretary determining compliance with the HIPAA Rules. In the event such a request comes directly from the Secretary, ORGANIZATION agrees to notify Company immediately of such request.

3.11 Documentation of Disclosures ORGANIZATION shall document such disclosures of PHI and information related to such disclosures as would be required for Company to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528ORGANIZATIONshall document, at a minimum, the following information ("Disclosure Information"): (i) the date of the disclosure, (ii) the name and, if known, the address of the recipient of the PHI, (iii) a brief description of the PHI disclosed, (iv) the purpose of the disclosure that includes an explanation of the basis for such disclosure, and (v) any additional information required under the HITECH Act and any implementing regulations.

ARTICLE 4

PERMITTED USES AND DISCLOSURES BY ORGANIZATION

4.1 General Uses and Disclosures ORGANIZATION agrees to receive, create, use or disclose PHI only as permitted by this Agreement, the HIPAA Rules, and only in connection with providing services to Company; provided that the use or disclosure would not violate the Privacy Rule if done by Company, except as set forth in this Article 4.

4.2 ORGANIZATION may use or disclose PHI as Required By Law.

4.3 Except as otherwise provided in this Agreement, ORGANIZATION may:

4.3.1 Use PHI for the proper management and administration of ORGANIZATION, or to carry out its legal responsibilities.

4.3.2 Disclose PHI for the proper management and administration of ORGANIZATION or to carry out legal responsibilities of ORGANIZATION, provided that the disclosures are Required by Law, or ORGANIZATION obtains prior written reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the person, and the person notifies the ORGANIZATION of any instances of which it is aware in which the confidentiality of the information has been breached, in accordance with the breach notification requirements of this Agreement.

4.3.3 Use PHI to provide Data Aggregation Services to Company as permitted under the HIPAA Rules.

ARTICLE 5

OBLIGATIONS OF COMPANY

5.1 Company shall:

5.1.1 Notify ORGANIZATION of any limitation(s) in its Notice of Privacy Practices in accordance with 45 C.F.R. 164.520, to the extent that such limitation may affect ORGANIZATION's use or disclosure of PHI.

5.1.2 Notify ORGANIZATION of any restriction to the use or disclosure of PHI that Company has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such changes may affect ORGANIZATION's use or disclosure of PHI. 5.1.3 Notify ORGANIZATION of any changes in or revocation of permission by an individual to use or disclose his or her PHI, to the extent that such change or revocation may affect ORGANIZATION's permitted or required uses and disclosures of PHI.

5.2 Company shall not request ORGANIZATION to use or disclose PHI in any manner that would not be permissible under the Privacy Rule or the Security Rule if done by Company, except as provided under Article 4 of this Agreement.

ARTICLE 6

INDEMNIFICATION

ORGANIZATION shall indemnify, defend and hold harmless Company, and Company's affiliates ("Indemnified Parties"), from and against any and all losses, expense, damage or injury (including, without limitation, all costs and reasonable attorneys' fees) that the Indemnified Parties may sustain as a result of, or arising out of (a) a breach of this Agreement by ORGANIZATION or its agents or ORGANIZATIONs, including but not limited to any unauthorized use, disclosure or breach of PHI, (b) ORGANIZATION's failure to notify any and all parties required to receive notification of any Breach of Unsecured PHI pursuant to Section 3.4 or (c) any negligence or wrongful acts or omissions by ORGANIZATION or its agents or ORGANIZATIONs, including without limitation, failure to perform ORGANIZATION's obligations under this Agreement or the HIPAA Rules.

ARTICLE 7

TERM AND TERMINATION

7.1 Term. This Agreement shall be in effect as of the Effective Date and shall terminate on the earlier of the date that:

7.1.1 Either party terminates for cause as authorized under Section 7.2.

7.1.2 All PHI received from Company, or created or received by ORGANIZATION on behalf of Company, is destroyed or returned to Company. If it is determined, upon the mutual agreement of the Parties, to be infeasible to return or destroy PHI, protections are extended to such information in accordance with Section 7.3.

7.2 Termination for Cause. Upon Company's knowledge of material breach by ORGANIZATION, Company shall provide an opportunity for ORGANIZATION to cure the breach or end the violation. If ORGANIZATION does not cure the breach or end the violation within the timeframe specified by Company, or if a material term of this Agreement has been breached and a cure is not possible, Company may terminate this Agreement and the Underlying Agreement(s), if any, upon written notice to ORGANIZATION.

7.3 Obligations of ORGANIZATION Upon Termination. Upon termination of this Agreement for any reason, ORGANIZATION, with respect to PHI received from Company, or created, maintained, or received by ORGANIZATION on behalf of Company, shall:

7.3.1 Retain only that PHI that is necessary for ORGANIZATION to continue its proper management and administration or to carry out its legal responsibilities.

7.3.2 Return to Company or, if agreed to by Company in writing, destroy the remaining PHI that the ORGANIZATION still maintains in any form; 7.3.3 Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to ePHI to prevent use or disclosure of the PHI, other than as provided for in this Section 7, for as long as ORGANIZATION retains the PHI; 7.3.4 Limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as ORGANIZATION maintains such PHI;

7.3.4 Limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as ORGANIZATION maintains such PHI;

ARTICLE 8

MISCELLANEOUS

8.1 Amendment. The Parties agree to take such action as is necessary to amend this Agreement to comply with the requirements of the HIPAA Rules and any other applicable law.

8.2 Survival. The respective rights and obligations of ORGANIZATION under Article 7 of this Agreement shall survive the termination of this Agreement.

8.3 Regulatory References. A reference in this Agreement to a section of the HIPAA Rules means the section as in effect or amended.

8.4 Interpretation. This Agreement shall be interpreted in the following manner:

8.4.1 Any ambiguity shall be resolved in favor of a meaning that permits Company to comply with the HIPAA Rules.

8.4.2 Any inconsistency between the Agreement's provisions and the HIPAA Rules, including all amendments, as interpreted by the Department of Health and Human Services, court or another regulatory agency with authority over the Parties, shall be interpreted according to the interpretation of the Department of Health and Human Services, the court or the regulatory agency.

8.4.3 Any provision of this Agreement that differs from those mandated by the HIPAA Rules, but is nonetheless permitted by the HIPAA Rules, shall be adhered to as stated in this Agreement.

8.5 Entire Agreement, Severability. This Agreement constitutes the entire agreement between the Parties related to the subject matter of this Agreement, except to the extent that the Underlying Agreement(s), if any, impose more stringent requirements related to the use and protection of PHI upon ORGANIZATION. This Agreement supersedes all prior negotiations, discussions, representations or proposals, whether oral or written. This Agreement may not be modified unless done so in writing and signed by a duly authorized representative of both Parties. If any provision of this Agreement, or part thereof, is found to be invalid, the remaining provisions shall remain in effect.

8.6 Assignment. This Agreement will be binding on the successors and assigns of Company and ORGANIZATION. However, this Agreement may not be assigned by ORGANIZATION, in whole or in part, without the written consent of Company. Any attempted assignment in violation of this provision shall be null and void.

8.7 Multiple Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original.

8.8 Governing Law. Except to the extent preempted by federal law, this Agreement shall be governed by and construed in accordance with the laws of the state in which the Company's principal place of business is located.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the Effective Date.

Authorization

Each person whose signature appears hereon represents and warrants that he/she has been duly authorized and has full authority to execute this Agreement on behalf of the Party on whose behalf this Agreement is executed.

IN WITNESS WHEREOF, the parties hereto have caused their authorized officials to execute this Agreement as of the date(s) set forth below:

Organization Fletcher Group, Inc.

Signature_____ Signature_____

Name (Printed): _____ Name (Printed): David Johnson

Title: Title: CEO

Date: Date:

BEHAVIORAL HEALTH SERVICES

Definitions. WAC 246-341-0200

Administrator — the designated person responsible for the day-to-day operation of either the licensed behavioral health agency, or certified treatment service, or both.

Adult — an individual eighteen years of age or older. For purposes of the medicaid program, adult means an individual twenty-one years of age or older.

ASAM criteria — admission, continued service, transfer, and discharge criteria for the treatment of substance use disorders as published by the American Society of Addiction Medicine (ASAM).

Assessment — the process of obtaining all pertinent bio-psychosocial information, as identified by the individual, and family and collateral sources, for determining a diagnosis and to plan individualized services and supports.

Behavioral health — the prevention, treatment of, and recovery from any or all of the following disorders: Substance use disorders, mental health disorders, co-occurring disorders, or problem gambling and gambling disorders.

Behavioral health agency, licensed behavioral health agency, or agency — an entity licensed by the department to provide behavioral health services under 71.34 RCW.

Branch site— a physically separate licensed site, governed by the same parent organization as the main site, where qualified staff provides certified treatment services.

Campus — an area where all of the agency's buildings are located on contiguous properties undivided by:

Public streets, not including alleyways used primarily for delivery services or parking; or

Other land that is not owned and maintained by the owners of the property on which the agency is located.

Care coordination or coordination of care — a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs of an individual. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies, organizing, facilitating and participating in team meetings, and providing for continuity of care by creating linkages to and managing transitions between levels of care.

Certified or certification— the status given by the department that authorizes the agency to provide specific substance use disorder, mental health, and problem gambling and gambling disorder program-specific services.

Child, minor, or youth —

An individual under the age of eighteen years; or

An individual age eighteen to twenty-one years who is eligible to receive and who elects to receive an early and periodic screening, diagnostic, and treatment (EPSDT) medicaid service. An individual age eighteen to twenty-one years who receives EPSDT services is not considered a "child" for any other purpose.

Clinical record — either a paper, or electronic file, or both that is maintained by the behavioral health agency and contains pertinent psychological, medical, and clinical information for each individual served.

Clinical supervision— regular and periodic activities performed by a mental health professional, co-occurring disorder specialist, or substance use disorder professional licensed, certified,or registered under Title 18 RCW. Clinical supervision may include review of assessment, diagnostic formulation, individual service plan development, progress toward completion of care, identification of barriers to care, continuation of services, authorization of care, and the direct observation of the delivery of clinical care. In the context of this chapter, clinical supervision is separate from clinical supervision required for purposes of obtaining supervised hours toward fulfilling requirements related to professional licensure under Title 18 RCW.

Complaint — an alleged violation of licensing or certification requirements under chapters 71RCW, and this chapter, which has been authorized by the department for investigation.

Consent — agreement given by an individual after being provided with a description of the nature, character, anticipated results of proposed treatments and the recognized serious possible risks, complications, and anticipated benefits, including alternatives and non-treatment, that must be provided in a terminology that the individual can reasonably be expected to understand. Consent can be obtained from an individual's parent or legal representative, when applicable.

Consultation — means the clinical review and development of recommendations by persons with appropriate knowledge and experience regarding activities or decisions of clinical staff, contracted employees, volunteers, or students.

Co-occurring disorder — the coexistence of both a mental health and a substance use disorder. Co-occurring treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.

Cultural competence or culturally competent — the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy.

Examples of culturally competent care include striving to overcome cultural, language, and communications 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.

Deemed — a status that is given to a licensed behavioral health agency as a result of the agency receiving accreditation by a recognized behavioral health accrediting body which has a current agreement with the department.

Disability — a physical or mental impairment that substantially limits one or more major life activities of the individual and the individual:

Has a record of such an impairment; or

Is regarded as having such impairment.

Licensed or licensure — the status given to behavioral health agencies by the department under its authority to license and certify mental health and substance use disorder programs under chapters 71.05, 71.12, 71.34, and 71.24 RCW and its authority to certify problem gambling and gambling disorder treatment programs under RCW 43.20A.890.

Medical practitioner — means a physician licensed under chapter 18.57 or 18.71 RCW, advance registered nurse practitioner (ARNP) licensed under chapter 18.79 RCW, or physician assistant licensed under chapter 18.71A or 18.57A RCW.

Mental health disorder — any organic, mental, or emotional impairment that has substantial adverse effects on a person's cognitive or volitional functions.

Mental health professional or MHP — a person who meets the qualifications in WAC 246-341-0515(5).

Peer counselor — means the same as defined in WAC 182-538D-0200

A person recognized by medicaid agency as a person who: is a self-identified consumer of behavioral health services who Has applied for, is eligible for, or has received behavioral health services; or has successfully passed an examination administered by the medicaid agency or an authorized contractor; and has received a written notification letter from the medicaid agency stating that the medicaid agency recognizes the person as a "peer counselor."

Problem gambling and gambling disorder — one or more of the following disorders:

Gambling disorder" means a mental disorder characterized by loss of control over gambling, progression in preoccupation with gambling and in obtaining money to gamble, and continuation of gambling despite adverse consequences;

Problem gambling is an earlier stage of gambling disorder that compromises, disrupts, or damages family or personal relationships or vocational pursuits.

Progress notes — permanent written or electronic record of services and supports provided to an individual documenting the individual's participation in, and response to, treatment, progress in recovery, and progress toward intended outcomes.

Secretary — the secretary of the department of health.

State minimum standards — minimum requirements established by rules adopted by the secretary and necessary to implement chapters 71.05, 71.24, and 71.34 RCW for delivery of behavioral health services.

Substance use disorder professional or SUDP — a person credentialed by the department as a substance use disorder professional (SUDP) under chapter 18.205 RCW.

Substance use disorder professional trainee or SUDPT **—** a person credentialed by the department as a substance use disorder professional trainee (SUDPT) under chapter 18.205 RCW.

Summary suspension — the immediate suspension of either a facility's license or program-specific certification or both by the department pending administrative proceedings for suspension, revocation, or other actions deemed necessary by the department.

Supervision— the regular monitoring of the administrative, clinical, or clerical work performance of a staff member, trainee, student, volunteer, or employee on contract by a person with the authority to give direction and require change.

Suspend — termination of a behavioral health agency's license or program specific certification to provide behavioral health treatment program service for a specified period or until specific conditions have been met and the department notifies the agency of the program's reinstatement of license or certification.

PAGE #	LINK
4	Substance Abuse Disorder Definition https://en.wikipedia.org/wiki/Substance_use_disorder#cite_note-DSM-5-1
	Substance Abuse and Mental Health Services Administration (SAMHSA) https://www.samhsa.gov/
5	National Alliance for Recovery Residences (NARR) https://narronline.org/about-us/
	Washington Alliance for Quality Recovery Residences (WAQRR) http://waqrr.org/
	RCW 71.24.660 https://app.leg.wa.gov/RCW/default.aspx?cite=71.24.660
	Social Model Approach https://www.sciencedirect.com/science/article/abs/pii/S0740547210000310
6	WAC 246.341.0110 https://app.leg.wa.gov/wac/default.aspx?cite=246-341-0110
6	findhelp.org
	crisisconnections.org
8	Provider Map https://hca-tableau.watech.wa.gov/t/51/views/FCSProviderMap/Dashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y
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