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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
- X - The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To establish requirements for: (1) Planning the adequate availability of mental health care to GCBH consumers, and (2) Planning, defining, and monitoring of the delegated activities by which this care is provided or supported.

DEFINITIONS

- I. Mental Health Professional – means an individual satisfying the criteria defined for this designation via the PIHP contract.
- II. Network Provider – means an agency holding a contract for the delivery of services defined as “Benefits” or “Services” under the PIHP and State Mental Health contracts between Greater Columbia Behavioral Health (GCBH) and the State of Washington, and funded wholly or in part by the same.

POLICY

- A. The GCBH Board of Directors is responsible for ensuring its network of provider agencies satisfies the requirements of 42 CFR §438.206(b)(1) and §438.206(c)(1).
- B. GCBH delegates the provision of all direct mental health services to contracted Network Providers, who are responsible for assuring that Crisis services are available 24 hours per day, 7 days per week, and that the scope of covered outpatient services provided is sufficient to address the clinical needs of the majority of enrollees within their service area. In the provision of this care, all Network Providers are subject to the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.
- C. The GCBH Board of Directors is responsible for assuring that monitoring of Network Providers relative to delegated activities occurs regularly, and that when such monitoring indicates a need for corrective action, the Network Provider implements it in a timely manner.
- D. Network Providers may hold direct contracts with GCBH, or be subcontractors of entities holding such contracts. Entities issuing subcontracts for direct services must assure their

subcontractors meet the same requirements as are established for Network Providers with which GCBH contracts directly. GCBH retains the right to require the revocation of subcontracts that do not satisfy this requirement.

- E. As required by 42 CFR §438.230, prior to designating an agency as a new Network Provider and delegating to it the responsibility for the provision of direct mental health services to consumers, GCBH assures that the agency's ability to perform the activities to be delegated is evaluated, that the agency is capable of performing the delegated activities, and that the contract with that agency both specifies its responsibilities and provides for sanctions and/or revocation of delegation should performance prove inadequate.
- F. The GCBH Board of Directors determines the extent to which functions that cannot be delegated to its Network Providers—e.g., specific functions relating to the Management Information System, Care Management, Authorization/Denial of Services, and Quality Management—are addressed via contracts with entities holding the necessary expertise rather than being carried out by staff in the GCBH Central Office. When such activities occur under contract, the GCBH Board (1) evaluates the potential contractor's capacity to successfully carry out the delegated function, (2) establishes a function-specific delegation plan which includes detailed descriptions of the services to be performed, the compensation arrangement, and the monitoring plan, and (3) provides for sanction or contract revocation, as need be, based on performance.

PROCEDURE

Availability of Services – 42 CFR §438.206

1. When considering changes to its provider network, and the implications of Federal regulations for the locations of its Network Providers, GCBH designates its counties as Urban, Rural, or Large Rural based on the definitions of those terms provided in its PIHP contract, and the most recent population density statistics provided by the State of Washington Office of Financial Management on its website.
2. The planning process considers the prevalence of Medicaid enrollees within each county, based on statistics provided by the Department of Social and Health Services, and the Medicaid penetration rates, calculated as “the number of Medicaid-eligible individuals served” divided by “the number of Medicaid-eligible individuals” for a given county, within a given period of time.
3. Contracts with Network Providers include provisions reflecting the access and cultural consideration requirements of 42 CFR §438.206(c)(1)&(2). GCBH uses ongoing performance measurement and annual/biennial onsite monitoring to determine compliance with these requirements, and requires corrective action when problematic performance is identified.
4. At least biennially, GCBH reviews various descriptive statistics—e.g., Medicaid enrollment and penetration, distributions of its Medicaid enrollees and consumers relative to ethnicity and languages spoken, encounter volumes, numbers and types of Mental Health Professionals, geo-mapping data—as a means of assessing the adequacy of its network of provider agencies.

Delegation of Direct Service Delivery to Network Providers – 42 CFR §438.230

5. Prior to the initiation of a contract with a new provider agency, that agency's capacity for meeting contractual standards relative to the areas identified below is assessed. Subsequent to the contracting process, each Network Provider's compliance in these areas is reviewed annually or biennially:
 - 5.1. Consumer advocacy and information-provision processes,
 - 5.2. Consumer access to care,
 - 5.3. Clinical care and care coordination processes,
 - 5.4. Financial processes,
 - 5.5. Information systems management and information generation processes,
 - 5.6. Credentialing processes, and
 - 5.7. Participation in the GCBH Quality Management Program.
6. The GCBH Board, and/or the appropriate Board Subcommittee, reviews Provider-specific and/or RSN-wide reports generated subsequent to onsite monitoring of Network Provider performance in the above-named areas. In the event that a review indicates a need for corrective action, the Board holds ultimate responsibility for ensuring its completion and/or determining necessary sanctions.
7. Entities issuing subcontracts for direct service delivery are responsible for day-to-day activities associated with assuring that subcontracted agencies are aware of, understand, and adhere to contractual standards relating to the above-named areas.
 - 7.1. Information generated during evaluative activities conducted by GCBH staff, and pertaining to a Network Provider to whom delegation has occurred as the result of a subcontract with an entity holding a direct contract with GCBH, is provided to the contracting entity, as is information relevant to the Network Provider's response when a need for corrective action has been identified. In such situations, GCBH and the entity issuing the subcontract are jointly responsible for assuring that a Network Provider implements corrective action.

APPROVAL

/S/ Julie LaPierre

08/06/09

Julie LaPierre, Interim Director

Replaces: AD102, Delegation Policy
CL322, Service Provision Policy
QM503, Network Sufficiency and Accessibility Standards
QM507, Network Management Plan