



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
P.O. Box 45010, Olympia WA 98504-5010

December 14, 2011

Dear Tribal Leaders,

It is with great pleasure that I announce the completion of the Community Mental Health Agency (CMHA) Tribal Attestation process. This was developed collaboratively between representatives from the tribes, Indian Policy Advisory Committee, Northwest Portland Area Indian Health Board and the Department.

Through this process the Secretary of the Department of Social and Health Services will recognize Tribes that attest to meeting the applicable requirements of the Washington Administrative Code (WAC) governing community mental health agencies as having standing to provide Medicaid outpatient rehabilitative mental health services to American Indians, Alaska Natives, and their clinical family members. Tribes that wish to serve a broader population will continue to have the option of pursuing state licensure. It is our belief that the attestation process recognizes tribal sovereignty and the role of Tribal governments in providing oversight to Tribal programs.

We have attached the newly developed attestation form for your use. If your tribe would like to proceed with the attestation, please work with your program managers to ensure that your program meets the applicable standards, initial all applicable areas, sign and return the form back to the Department. Following the attestation the Tribe is responsible for the oversight of the program. Should you desire any technical assistance, now or in the future, or if you have any questions about the attestation or this process, I invite you to contact Colleen F. Cawston M.P.A., Senior Director at [colleen.f.cawston@dshs.wa.gov](mailto:colleen.f.cawston@dshs.wa.gov) or by calling her at (360)902-7816.

This has truly been a great example of working together in the spirit of Government to Government. As I leave my position as Secretary of this mission driven agency I am glad we were able to get Tribal Attestation completed. I learned so much from you during my time here through your traditions, beliefs and values.

Tribal Leaders  
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I was blessed to have visited your tribes and personally see your innovative work. I take with me the true meaning of Government to Government relations. I sincerely hope that in the future if you see an opportunity for me to partner with you in my new capacity as President and CEO of Families International, Inc. you will let me know.

Respectfully,



Susan N. Dreyfus,  
Secretary

Cc: Colleen F. Cawston, Senior Director  
Office of Indian Policy  
IPAC Delegates

## Tribal Mental Health Agency Attestation Standards

The Tribe entering into an attestation agreement with the Department of Social and Health Services (DSHS) attests that their tribal mental health program meets the requirements specified in the following Washington Administrative Codes (WAC) for a community mental health agency. The Tribe attests that their program has policies and procedures that meet these standards

### 388-865-0405

#### Competency requirements for staff.

The licensed service provider must ensure that staff are qualified for the position they hold and have the education, experience, or skills to perform the job requirements. The provider must maintain documentation that:

\_\_\_\_(1) All staff have a current Washington state department of health license, certificate or registration, or for the purpose of this attestation are licensed in another state in accordance 25 USC Section 1621t, as may be required for their position;

\_\_\_\_(2) Washington state patrol background checks are conducted for employees in contact with consumers consistent with RCW 43.43.830;

\_\_\_\_(3) Mental health services are provided by a mental health professional, or under the clinical supervision of a mental health professional;

\_\_\_\_(4) Staff performing mental health services (not including crisis telephone) must have access to consultation with a psychiatrist or a physician with at least one year's experience in the direct treatment of persons who have a mental or emotional disorder;

\_\_\_\_(5) Mental health services to children, older adults, ethnic minorities or persons with disabilities must be provided by, under the supervision of, or with consultation from the appropriate mental health specialist(s) when the consumer:

\_\_\_\_(a) Is a child as defined in WAC 388-865-0150;

\_\_\_\_(b) Is or becomes an older person as defined in WAC 388-865-0150;

\_\_\_\_(c) Is a member of a racial/ethnic group as defined in WAC 388-865-0105 and as reported:

\_\_\_\_(i) In the consumer's demographic data; or

\_\_\_\_(ii) By the consumer or others who provide active support to the consumer; or

\_\_\_\_(iii) Through other means.

\_\_\_\_(d) Is disabled as defined in WAC 388-865-0150 and as reported:

\_\_\_\_(i) In the consumer's demographic data; or

\_\_\_\_(ii) By the consumer or others who provide active support to the consumer; or

\_\_\_\_(iii) Through other means.

\_\_\_\_(6) Staff receive regular supervision and an annual performance evaluation; and

\_\_\_\_(7) An individualized annual training plan must be implemented for each direct service staff person and supervisor, to include at a minimum:

\_\_\_\_(a) The skills he or she needs for his/her job description and the population served; and

\_\_\_\_(b) The requirements of RCW 71.05.720.

### **388-865-0410**

#### **Consumer rights.**

\_\_\_\_(1) The provider must document that consumers, prospective consumers, or legally responsible others are informed of consumer rights at admission to community support services in a manner that is understandable to the individual. Consumer rights must be written in alternative format for consumers who are blind or deaf, and must also be translated to the most commonly used languages in the service area consistent with WAC 388-865-0260(3);

\_\_\_\_(2) The provider must post a written statement of consumer rights in public areas, with a copy available to consumers on request. Providers of telephone only services (e.g., crisis lines) must post the statement of consumer rights in a location visible to staff and volunteers during working hours;

\_\_\_\_(3) The provider must develop a statement of consumer rights that incorporates the following statement or a variation approved by the mental health division: "You have the right to:

\_\_\_\_(a) Be treated with respect, dignity and privacy;

\_\_\_\_(b) Develop a plan of care and services which meets your unique needs;

\_\_\_\_(c) The services of a certified language or sign language interpreter and written materials and alternate format to accommodate a disability consistent with Title VI of the Civil Rights Act;

\_\_\_\_(d) Refuse any proposed treatment, consistent with the requirements in chapters 71.05 and 71.34 RCW;

\_\_\_\_(e) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;

- \_\_\_\_(f) Be free of any sexual exploitation or harassment;
- \_\_\_\_(g) Review your clinical record and be given an opportunity to make amendments or corrections;
- \_\_\_\_(h) Receive an explanation of all medications prescribed, including expected effect and possible side effects;
- \_\_\_\_(i) Confidentiality, as described in chapters 70.02, 71.05, and 71.34 RCW and regulations;
- \_\_\_\_(j) All research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in chapter 388-04 WAC;
- \_\_\_\_(k) Make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions;
- \_\_\_\_(l) Appeal any denial, termination, suspension, or reduction of services and to continue to receive services at least until your appeal is heard by a fair hearing judge;
- \_\_\_\_(m) Ask for an administrative hearing if you believe that any rule in this chapter was incorrectly applied in your case."

### **388-865-0415**

#### **Access to services.**

The community support service provider must document and otherwise ensure that eligible consumers have access to age and culturally competent services when and where those services are needed. The provider must:

- \_\_\_\_(1) Identify and reduce barriers to people getting the services where and when they need them;
- \_\_\_\_(2) Assure that services are timely, appropriate and sensitive to the age, culture, language, gender and physical condition of the consumer;
- \_\_\_\_(3) Provide alternative service delivery models to make services more available to underserved persons as defined in WAC 388-865-0150;
- \_\_\_\_(4) Provide access to telecommunication devices or services and certified interpreters for deaf or hearing impaired consumers and limited English proficient consumers;
- \_\_\_\_(5) Bring services to the consumer or locate services at sites where transportation is available to consumers; and
- \_\_\_\_(6) Ensure compliance with all state and federal nondiscrimination laws, rules and plans. For the purpose of this attestation DSHS recognizes that some state and federal nondiscrimination

laws, rules and plans may not be applicable to tribal governments.

**388-865-0420**

**Intake evaluation.**

\_\_\_\_(1) All individuals receiving community mental health outpatient services, with the exception of crisis, stabilization, and rehabilitation case management services, must have an intake evaluation. The intake evaluation must:

\_\_\_\_(a) Be provided by a mental health professional.

\_\_\_\_(b) Be initiated within ten working days from the date on which the individual or their parent or other legal representative requests services and completed within thirty working days of the initiation of the intake.

\_\_\_\_(c) Be culturally and age relevant.

\_\_\_\_(d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include:

\_\_\_\_(i) Presenting problem(s) as described by the individual, including a review of any documentation of a mental health condition provided by the individual. It must be inclusive of people who provide active support to the individual, if the individual so requests, or if the individual is under thirteen years of age;

\_\_\_\_(ii) Current physical health status, including any medications the individual is taking;

\_\_\_\_(iii) Current substance use and abuse and treatment status (GAIN-SS);

\_\_\_\_(iv) Sufficient clinical information to justify the provisional diagnosis using diagnostic and statistical manual (DSM IV TR) criteria, or its successor;

\_\_\_\_(v) An identification of risk of harm to self and others, including suicide/homicide. Note: A referral for provision of emergency/crisis services, consistent with WAC 388-865-0452, must be made if indicated in the risk assessment;

\_\_\_\_(vi) Whether they are under the supervision of the department of corrections; and

\_\_\_\_(vii) A recommendation of a course of treatment.

**388-865-0425**

**Individual service plan.**

The community mental health agency must develop a consumer-driven, strength-based individual service plan that meets the individual's unique mental health needs. The individual service plan must be developed in collaboration with the individual, or the individual's parent or other legal representative if applicable. The service plan must:

\_\_\_\_(1) Be initiated with at least one goal identified by the individual, or their parent or other legal

representative if applicable, at the intake evaluation or the first session following the intake evaluation.

\_\_\_\_(2) Be developed within thirty days from the first session following the intake evaluation.

\_\_\_\_(3) Address age, cultural, or disability issues identified by the individual, or their parent or other legal representative if applicable, as relevant to treatment.

\_\_\_\_(4) Include treatment goals or objectives that are measurable and that allow the provider and individual to evaluate progress toward the individual's identified recovery goals.

\_\_\_\_(5) Be in a language and terminology that is understandable to individuals and their family.

\_\_\_\_(6) Identify medically necessary service modalities, mutually agreed upon by the individual and provider, for this treatment episode.

\_\_\_\_(7) Demonstrate the individual's participation in the development of the individual service plan. Participation may be demonstrated by the individual's signature and/or quotes documented in the plan. Participation must include family or significant others as requested by the individual. If the provider developing the plan is not a mental health professional, the plan must also document approval by a mental health professional.

\_\_\_\_(8) Include documentation that the individual service plan was reviewed at least every one hundred eighty days. It should also be updated to reflect any changes in the individual's treatment needs or as requested by the individual, or their parent or other legal representative if applicable.

\_\_\_\_(9) With the individual's consent, or their parent or other legal representative if applicable, coordinate with any systems or organizations the individual identifies as being relevant to the individual's treatment. This includes coordination with any individualized family service plan (IFSP) when serving children under three years of age.

\_\_\_\_(10) If an individual disagrees with specific treatment recommendations or is denied a requested treatment service, they may pursue their rights under WAC 388-865-0255.

### **388-865-0430**

#### **Clinical record.**

The licensed community mental health agency must maintain a clinical record for each individual served in a manner consistent with WAC 388-865-0435, 388-865-0436, or any successors. The clinical record must contain:

\_\_\_\_(1) An intake evaluation;

\_\_\_\_(2) Evidence that the consumer rights statement was provided to the individual, or their parent or other legal representative if applicable;

\_\_\_\_(3) Documentation that the provider requested a copy of and inserted into the clinical record if

provided, any of the following:

\_\_\_\_(a) Mental health advance directives;

\_\_\_\_(b) Medical advance directives;

\_\_\_\_(c) Powers of attorney;

\_\_\_\_(d) Letters of guardianship, parenting plans and/or court order for custody;

\_\_\_\_(e) Least restrictive alternative order(s);

\_\_\_\_(f) Discharge summaries and/or evaluations stemming from outpatient or inpatient mental health services received within the last five years, when available.

\_\_\_\_(4) Any crisis plan that has been developed;

\_\_\_\_(5) The individual service plan and all revisions to the plan;

\_\_\_\_(6) Documentation that services are provided by or under the clinical supervision of a mental health professional;

\_\_\_\_(7) Documentation of any clinical consultation or oversight provided by a mental health specialist;

\_\_\_\_(8) Documentation of:

\_\_\_\_(a) All service encounters;

\_\_\_\_(b) Objective progress toward established goals as outlined in the treatment plan; and

\_\_\_\_(c) How any major changes in the individual's circumstances were addressed.

\_\_\_\_(9) Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred;

\_\_\_\_(10) Documentation that the department of corrections was notified by the provider when an individual on a less restrictive alternative or department of corrections order for mental health treatment informs the provider that the individual is under supervision by the department of corrections. Notification can be either written or oral. If oral notification, it must be confirmed by a written notice, including e-mail and fax. The disclosure to department of corrections does not require the person's consent.

\_\_\_\_(a) If the individual has been given relief from disclosure by the committing court, the individual must provide a copy of the court order to the treating community mental health agency (CMHA).

\_\_\_\_(b) There must be documentation that an evaluation by a designated mental health professional (DMHP) was requested in the following circumstance:

\_\_\_\_(i) The mental health provider becomes aware of a violation of the court-ordered treatment of an individual when the violation concerns public safety; and

\_\_\_\_(ii) The individual's treatment is a less restrictive alternative and the individual is being supervised by the department of corrections.

\_\_\_\_(11) Either documentation of informed consent to treatment by the individual or parent or other legal representative or if treatment is court ordered, a copy of the detention or involuntary treatment order;

\_\_\_\_(12) Documentation that the individual, or their parent or other legal representative if applicable, are informed about the benefits and possible side effects of any medications prescribed for the individual in language that is understandable;

\_\_\_\_(13) Documentation of confidential information that has been released without the consent of the individual under the provisions in RCW 70.02.050, 71.05.390, 71.05.630, and the Health Insurance Portability and Accountability Act (HIPAA);

\_\_\_\_(14) For individuals receiving community support services, the following information must be requested from the individual and the responses documented:

\_\_\_\_(a) The name of any current primary medical care provider;

\_\_\_\_(b) Any current physical health concerns;

\_\_\_\_(c) Current medications and any related concerns;

\_\_\_\_(d) History of any substance use/abuse and treatment;

\_\_\_\_(e) Any disabilities or special needs;

\_\_\_\_(f) Any previously accessed inpatient or outpatient services and/or medications to treat a mental health condition; and

\_\_\_\_(g) Information about past or current trauma and abuse.

\_\_\_\_(15) A description of the individual's strengths and resources; and

\_\_\_\_(16) A description of the individual's self-identified culture.

**388-865-0435**

**Consumer access to their clinical record.**

The service provider must provide access to clinical records for consumers, their designated representative, and/or the person legally responsible for the consumer, consistent with chapters 71.05, 70.02, and 71.34 RCW and RCW 13.50.400 (4)(b) for children. The provider must:

- \_\_\_\_(1) Make the record available within fifteen days;
- \_\_\_\_(2) Review the clinical record to identify and remove any material confidential to another person, agency, provider or reports not originated by the community support service provider;
- \_\_\_\_(3) Allow the consumer appropriate time and privacy to review the clinical record;
- \_\_\_\_(4) Provide a clinical staff member to answer questions at the request of the consumer; and
- \_\_\_\_(5) Charge for copying at a rate not higher than that defined in RCW 70.02.010(12).

**388-865-0436**

**Clinical record access procedures.**

\_\_\_\_ The community support service provider must develop policies and procedures to protect information and to ensure that information about consumers is shared or released only in compliance with state and federal law (see chapters 70.02, 71.05, 71.34, 74.04 RCW and RCW 13.50.100 (4)(b)) and this chapter.

**388-865-0440**

**Availability of consumer information.**

- \_\_\_\_(1) Consumer individualized crisis plans as provided by the consumer must be available twenty-four hours a day, seven days a week to the following, as consistent with confidentiality statutes and without unduly delaying a crisis response:
  - \_\_\_\_(a) Designated mental health professionals;
  - \_\_\_\_(b) Crisis teams; and
  - \_\_\_\_(c) Voluntary and involuntary inpatient evaluation and treatment facilities.
- \_\_\_\_(2) Consumer information must be available to the state and regional support network staff as required for management information, quality management and program review.

**388-865-0450**

**Quality management process.**

Community support service providers must ensure continued progress toward more effective and efficient age and culturally competent services and improved consumer satisfaction and outcomes, including objective measures of progress toward rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices by maintaining an internal quality management process. The process must:

\_\_\_\_(1) Review the services offered and provided to improve the treatment of consumers, including the quality of intake evaluations and the effectiveness of prescribed medications;

\_\_\_\_(2) Review the work of persons providing mental health services at least annually; and

\_\_\_\_(3) Continuously collect, maintain, and use information to correct deficiencies and improve services. Such data must include but is not limited to reports of serious and emergent incidents as well as grievances filed by consumers or their representatives.

**388-865-0452 - Optional**

**Emergency crisis intervention services — Additional standards.**

The community support service provider that is licensed for emergency crisis intervention services must assure that required general minimum standards for community support services are met, plus the additional minimum requirements:

\_\_\_\_(1) Availability of staff to respond to crises twenty-four hours a day, seven days a week, including:

\_\_\_\_(a) Bringing services to the person in crisis when clinically indicated;

\_\_\_\_(b) Requiring that staff remain with the consumer in crisis to stabilize and support him/her until the crisis is resolved or a referral to another service is accomplished;

\_\_\_\_(c) Resolving the crisis in the least restrictive manner possible;

\_\_\_\_(d) A process to include family members, significant others, and other relevant treatment providers as necessary to provide support to the person in crisis.

\_\_\_\_(2) Written procedures for managing assaultive and/or self-injurious patient behavior.

\_\_\_\_(3) Written procedures for visits to homes and other private locations in accordance with the requirements of RCW 71.05.700 through 71.05.715.

\_\_\_\_(4) Crisis telephone screening;

\_\_\_\_(5) Mobile outreach and stabilization services with trained staff available to provide in-home or in-community stabilization services, including flexible supports to the person where he/she lives.

\_\_\_\_(6) Provide access to necessary services including:

\_\_\_\_(a) Medical services, which means at least emergency services, preliminary screening for organic disorders, prescription services, and medication administration;

\_\_\_\_(b) Interpretive services to enable staff to communicate with consumers who have limited ability to communicate in English, or have sensory disabilities;

\_\_\_\_(c) Mental health specialists for children, elderly, ethnic minorities or consumers who are deaf or developmentally disabled;

\_\_\_\_(d) Voluntary and involuntary inpatient evaluation and treatment services, including a written protocol to assure that consumers who require involuntary inpatient services are transported in a safe and timely manner;

\_\_\_\_(e) Investigation and detention to involuntary services under chapter 71.05 RCW for adults and chapter 71.34 RCW for children who are thirteen years of age or older, including written protocols for contacting the designated mental health professional.

\_\_\_\_(7) Document all telephone and face-to-face crisis response contacts, including:

\_\_\_\_(a) Source of referral;

\_\_\_\_(b) Nature of crisis;

\_\_\_\_(c) Time elapsed from the initial contact to face-to-face response; and

\_\_\_\_(d) Outcomes, including basis for decision not to respond in person, follow-up contacts made, and referrals made.

\_\_\_\_(8) The provider must have a written protocol for referring consumers to a voluntary or involuntary inpatient evaluation and treatment facility for admission on a seven-day-a-week, twenty-four-hour-a-day basis, including arrangements for contacting the designated mental health professional and transporting consumers.

**388-865-0453- Optional  
Peer support services.**

\_\_\_\_(1) Peer support services are a wide range of scheduled activities to assist consumers in exercising control over their own lives and recovery process (e.g., promoting socialization, self advocacy, developing natural supports and maintenance of community living skills). Peer support services may include but are not limited to self-help support groups, telephone support lines, drop-in centers, and sharing of the peer counselor's own life experiences. Services must be limited to four hours per day per consumer.

\_\_\_\_(2) The community support service provider that is licensed to provide peer support services must assure that all general minimum standards for community support services are met.

\_\_\_\_(3) Services must be provided by a peer counselor who has been certified consistent with WAC 388-865-0107 and who discloses him/herself to be a consumer of mental health services.

\_\_\_\_(4) Services must be documented in the clinical record at least monthly, including objective progress toward goals established in the individual service plan.

**388-865-0454 - Optional**

**Provider of crisis telephone services only.**

This section applies only to organizations that receive public mental health funds for the purpose of providing crisis telephone services but are not licensed community support providers. In order to be licensed to provide crisis telephone services, the following requirements must be met:

- \_\_\_\_(1) Staff available to respond to crisis calls twenty-four hours a day, seven days a week;
- \_\_\_\_(2) The agency must assure communication and coordination with the consumer's case manager or primary care provider;
- \_\_\_\_(3) The agency must assure that staff are aware of and protect consumer rights as described in WAC 388-865-0410;
- \_\_\_\_(4) The following sections of WAC subsections apply:
  - \_\_\_\_(a) WAC 388-865-0405, Competency requirements for staff;
  - \_\_\_\_(b) WAC 388-865-0410, Consumer rights;
  - \_\_\_\_(c) WAC 388-865-0440, Availability of consumer information;
  - \_\_\_\_(d) WAC 388-865-0450, Quality management process;
  - \_\_\_\_(e) WAC 388-865-0452 (6)(a) thru (d), Emergency crisis intervention services--Additional standards;
  - \_\_\_\_(f) WAC 388-865-0468, The process for licensing service providers;
  - \_\_\_\_(g) WAC 388-865-0472, Licensing categories;
  - \_\_\_\_(h) WAC 388-865-0474, Fees for community support licensure;
  - \_\_\_\_(i) WAC 388-865-0476, Licensure based on deemed status;
  - \_\_\_\_(j) WAC 388-865-0478, Renewal of the provider license;
  - \_\_\_\_(k) WAC 388-865-0480, Procedures to suspend or revoke a license;
  - \_\_\_\_(l) WAC 388-865-0482, Procedures to contest a licensing decision.

**388-865-0456 - Optional**

**Case management services — Additional standards.**

The community support service provider for case management services must assure that all general minimum standards for community support services and are met, plus the following additional minimum requirements:

- \_\_\_\_(1) Assist consumers to achieve the goals stated in their individualized service plan;
- \_\_\_\_(2) Support consumer employment, education or participation in other daily activities appropriate to their age and culture;
- \_\_\_\_(3) Make referrals to other needed services and supports, including treatment for co-occurring disorders and health care;
- \_\_\_\_(4) Assist consumers to resolve crises in least-restrictive settings;
- \_\_\_\_(5) Provide information and education about the consumer's illness so the consumer and family and natural supports are engaged to help consumers manage the consumer's symptoms;
- \_\_\_\_(6) Include, as necessary, flexible application of funds, such as rent subsidies, rent deposits, and in-home care to enable stable community living; and
- \_\_\_\_(7) Maintain written procedures for home visits in accordance with the requirements of RCW 71.05.700 through 71.05.715.

**388-865-0458 - Optional**

**Psychiatric treatment, including medication supervision — Additional standards.**

The licensed community support service provider for psychiatric treatment, including medication supervision must meet all general minimum standards for community support in addition to the following minimum requirements:

- \_\_\_\_(1) Document the assessment and prescription of psychotropic medications appropriate to the needs of the consumer. Document that consumers and, as appropriate, family members are informed about the medication and possible side effects in language that is understandable to the consumer, and referred to other health care facilities for treatment of nonpsychiatric conditions;
- \_\_\_\_(2) Provider staff must inspect and inventory medication storage areas at least quarterly:
  - \_\_\_\_(a) Medications must be kept in locked, well-illuminated storage;
  - \_\_\_\_(b) Medications kept in a refrigerator containing other items must be kept in a separate container with proper security;
  - \_\_\_\_(c) No outdated medications must be retained, and medications must be disposed of in accordance with regulations of the state board of pharmacy;

\_\_\_\_(d) Medications for external use must be stored separately from oral and injectable medications;

\_\_\_\_(e) Poisonous external chemicals and caustic materials must be stored separately.

\_\_\_\_(3) Medical direction and responsibility is assigned to a physician who is licensed to practice under chapter 18.57 or 18.71 RCW, and is board-certified or -eligible in psychiatry;

\_\_\_\_(4) Medications are only prescribed and administered by persons consistent with their license and related requirements;

\_\_\_\_(5) Medications are reviewed at least every three months;

\_\_\_\_(6) Medication information is maintained in the clinical record and documents at least the following for each prescribed medication:

\_\_\_\_(a) Name and purpose of medication;

\_\_\_\_(b) Dosage and method of giving medication;

\_\_\_\_(c) Dates prescribed, reviewed, and renewed;

\_\_\_\_(d) The effects, interactions, and side effects the staff observes or the consumer reports spontaneously or as the result of questions from the staff;

\_\_\_\_(e) Any laboratory findings;

\_\_\_\_(f) Reasons for changing or stopping the medication; and

\_\_\_\_(g) Name and signature of prescribing person.

\_\_\_\_(7) Assessment and appropriate referrals to or consultation with a physician or other health care provider when physical health problems are suspected or identified;

\_\_\_\_(8) Address current medical concerns consistent with the individualized service plan;

\_\_\_\_(9) If the service provider is unable to employ or contract with a psychiatrist, a physician without board eligibility in psychiatry may be utilized, provided that:

\_\_\_\_(a) Psychiatrist consultation is provided to the physician at least monthly; and

\_\_\_\_(b) A psychiatrist is accessible in person, by telephone, or by radio communication to the physician for emergency consultation.

**388-865-0460**

**Counseling and psychotherapy services — Additional standards.**

The licensed community support service provider for counseling and psychotherapy services must assure that all general minimum standards for community support are met.

**388-865-0462**

**Day treatment services — Additional standards.**

The licensed community support service provider for day treatment services must assure that all general minimum standards for community support are met. Day treatment services are defined as work or other activities of daily living for consumers:

- \_\_\_\_(1) Services for adults include:
  - \_\_\_\_(a) Training in basic living and social skills;
  - \_\_\_\_(b) Supported work and preparation for work;
  - \_\_\_\_(c) Vocational rehabilitation;
  - \_\_\_\_(d) Day activities; and, if appropriate;
  - \_\_\_\_(e) Counseling and psychotherapy services.
- \_\_\_\_(2) Services for children include:
  - \_\_\_\_(a) Age-appropriate living and social skills;
  - \_\_\_\_(b) Educational and prevocational services;
  - \_\_\_\_(c) Day activities; and
  - \_\_\_\_(d) Counseling and psychotherapy services.

**388-865-0464 - Optional**

**Consumer employment services — Additional standards.**

The community support service provider licensed for employment services must assure that all general minimum standards for community support are met, plus the following additional minimum requirements:

- \_\_\_\_(1) Assist consumers to achieve the goals stated in his/her individualized service plan and provide access to employment opportunities, including:
  - \_\_\_\_(a) A vocational assessment of work history, skills, training, education, and personal career goals;
  - \_\_\_\_(b) Information about how employment will affect income and benefits the consumer is

receiving because of their disability;

\_\_\_\_(c) Active involvement with consumers served in creating and revising individualized job and career development plans;

\_\_\_\_(d) Assistance in locating employment opportunities that are consistent with the consumer's skills, goals, and interests;

\_\_\_\_(e) Integrated supported employment, including outreach/job coaching and support in a normalized or integrated worksite, if required; and

\_\_\_\_(f) Interaction with the consumer's employer to support stable employment and advise about reasonable accommodation in keeping with the Americans with Disabilities Act (ADA) of 1990, and the Washington State Antidiscrimination law.

\_\_\_\_(2) Pay consumers according to the Fair Labor Standards Act; and ensure safety standards that comply with local and state regulations are in place if the provider employs consumers as part of the prevocational or vocational program;

\_\_\_\_(3) Coordinate efforts with other rehabilitation and employment services, such as:

\_\_\_\_(a) The division of vocational rehabilitation;

\_\_\_\_(b) The state employment services;

\_\_\_\_(c) The business community; and

\_\_\_\_(d) Job placement services within the community.

**COMMUNITY MENTAL HEALTH AGENCY (CMHA)  
TRIBAL ATTESTATION**

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This Community Mental Health Agency Tribal Attestation is entered into in recognition of Tribal Sovereignty and in accordance with Section 408(a) of the Indian Health Care Improvement Act and 42 C.F.R. § 431.110.

Section 408(a) of the Indian Health Care Improvement Act provides as follows:

(a) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

(1) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Service, an Indian tribe, tribal organization, or urban Indian organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.

(2) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian tribe, tribal organization, or urban Indian organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221, the absence of the licensure of a health professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

In addition, 42 C.F.R. § 431.110, Participation by Indian Health Service (IHS) facilities, states:

"A State plan must provide that an Indian Health Service facility meeting State requirements for Medicaid participation must be accepted as a Medicaid provider on the same basis as any other qualified provider. However, when State licensure is normally required, the facility need not obtain a license but must meet all applicable standards for licensure. In determining whether a facility meets these standards, a Medicaid agency or State licensing authority may not take into account an absence of licensure of any staff member of the facility."

The Secretary of the Department of Social and Health Services (DSHS) recognizes Tribes that attest to meeting the applicable requirements of the Washington Administrative Code (WAC) governing community mental health agency licensing requirements have standing to provide Medicaid outpatient rehabilitative mental health services to American Indians, Alaska Natives, and their clinical family members. These requirements are set forth in the Tribal Mental Health Agency Standards, attached as Exhibit 1.

The undersigned Tribe attests that its mental health program meets the following standards:

1. Required Standards:

- WAC 388-865-0405 - Competency requirements for staff
- WAC 388-865-0410 - Consumer rights
- WAC 388-865-0415 - Access to services
- WAC 388-865-0420 - Intake evaluation
- WAC 388-865-0425 - Individual service plan
- WAC 388-865-0430 - Clinical record
- WAC 388-865-0435 - Consumer access to their clinical record
- WAC 388-865-0436 - Clinical record access procedures
- WAC 388-865-0440 - Availability of consumer information
- WAC 388-865-0450 - Quality management process

2. Optional Standards: The following standards are required if the Tribal program elects to provide the service. (The Tribe attests to these optional by initialing the standard)

- \_\_\_\_\_ WAC 388-865-0452 - Emergency crisis intervention services
- \_\_\_\_\_ WAC 388-865-0453 - Peer support services
- \_\_\_\_\_ WAC 388-865-0454 - Provider of crisis telephone services only
- \_\_\_\_\_ WAC 388-865-0456 - Case management services
- \_\_\_\_\_ WAC 388-865-0458 - Psychiatric treatment, including medication supervision
- \_\_\_\_\_ WAC 388-865-0460 - Counseling and psychotherapy services
- \_\_\_\_\_ WAC 388-865-0462 - Day treatment services
- \_\_\_\_\_ WAC 388-865-0464 - Consumer employment services

3. Liability: Except as provided to the contrary herein, each party agrees to be responsible and assume liability for its own wrongful and/or negligent acts or omissions or those of their officials, officers, agents, or employees to the fullest extent required by law, and further agrees to save, indemnify, defend, and hold the other party harmless from any such liability for the wrongful and/or negligent acts or omissions of the indemnifying party or of the indemnifying party's officials, officers, agents, or employees.

The Tribe agrees to cooperate with the State in efforts to resolve any overpayments, fines or penalties resulting from state or federal Medicaid program integrity oversight, audits or investigations arising from operation of the Tribal mental health program.

4. Duration:

The duration of attestation is three years from the date of signature by all parties, or upon notice from the State that standards have changed significantly through the rule-making process, in which case the State shall provide the Tribe with amended attestation requirements.

5. Oversight:

The Tribe recognizes that the state will not be performing licensing reviews. The Tribe agrees to be responsible for the oversight of the Tribal Mental Health Program and the assurance that the program maintains compliance with all applicable requirements of the Washington Administrative Code.

6. Succession:

This Agreement shall inure to the benefit, and be binding on, the representatives and successors of the signatories.

This agreement is entered into on \_\_\_\_\_ and may be terminated as agreed upon by both parties.

\_\_\_\_\_  
(Name), Tribal Chairman  
(Name of Tribal Organization)  
(Address)

\_\_\_\_\_  
(Name), Secretary  
Department of Social and Health Services