

**Washington State Department of Health Tribal Attestation For
Behavioral Health Agencies:
For Substance Use Disorder Services, Mental Health Services, And Licensure**

This Tribal Attestation is provided by the undersigned Tribe and accepted by the Department in recognition of Tribal sovereignty and in accordance with RCW 71.24.025(34)(c); Section 408(a) of the Indian Health Care Improvement Act, 25 U.S.C. § 1647a(a); and 42 C.F.R. § 431.110.

1. Definitions

“Tribe” means the federally recognized Indian Tribe submitting this Tribal Attestation.
“Department” means the Washington State Department of Health.

2. State Jurisdiction

The Department does not assert regulatory jurisdiction over the behavioral health agency license issued under this Tribal Attestation.

3. Issuance of Behavioral Health Agency License and Inclusion of Tribal Behavioral Health Agency on State List of Licensed or Certified Behavioral Health Agencies.

If the Department accepts this Tribal Attestation, the Department will issue the undersigned Tribe a behavioral health agency license and include the Tribe on the current list of licensed behavioral health agencies pursuant to RCW 71.24.025(34)(c) and RCW 71.24.037(13).

4. State Minimum Standards

The undersigned Tribe attests that its behavioral health agency meets the following state minimum standards:

State Minimum Standards for All Behavioral Health Agencies:

Agency administration

WAC 246-341-0400 Governing body requirements
WAC 246-341-0410 Administrator key responsibilities
WAC 246-341-0420 Policies and procedures
WAC 246-341-0425 Individual service record system

Personnel

WAC 246-341-0510 Agency record requirements
WAC 246-341-0515 Agency staff requirements
WAC 246-341-0520 Agency requirements for supervision of trainees, interns, volunteers, and students

General

WAC 246-341-0600 Individual rights
WAC 246-341-0640 Individual service record content

Medicaid recipient rights

WAC 182-538-180 Individual rights specific to Medicaid recipients

5. Elected State Minimum Standards

The undersigned Tribe attests that if it is providing elected services as indicated by a check next to the services provided, its behavioral health agency meets the state minimum standards.

Behavioral Health Information and Assistance Certification

The following applicable standards are required if the Tribal agency elects to provide behavioral health information and assistance services.

- WAC 246-341-0660 Behavioral health information and assistance (applies to all elected services listed below)
- WAC 246-341-0670 Crisis telephone support services
- WAC 246-341-0680 Emergency service patrol

Behavioral Health Support Certification

The following applicable standards are required if the Tribal agency elects to provide behavioral health support services.

- WAC 246-341-0700 Behavioral health support services (applies to all elected services listed below)
- WAC 246-341-0713 Psychiatric medication monitoring services
- WAC 246-341-0715 Crisis support services
- WAC 246-341-0720 Support-supported employment behavioral health services
- WAC 246-341-0722 Supportive housing behavioral health services

Mental Health Peer Respite Certification

The following applicable standards are required if the Tribal agency elects to provide mental health peer respite services.

- WAC 246-341-0725 Mental health peer respite certification standards

Clubhouse Certification

The following applicable standards are required if the Tribal agency elects to provide clubhouse services.

- WAC 246-341-0730 Clubhouses – certification standards

Behavioral Health Outpatient Intervention, Assessment and Treatment Certification

The following applicable standards are required if the Tribal agency elects to provide behavioral health outpatient intervention, assessment and treatment services.

- ___ WAC 246-341-0737 Behavioral health outpatient intervention, assessment and treatment (applies to all elected services listed below)
- ___ WAC 246-341-0739 Psychiatric medication management services
- ___ WAC 246-341-0740 Deferred prosecution under RCW 10.05.150
- ___ WAC 246-341-0746 Alcohol and drug information school
- ___ WAC 246-341-0805 Less restrictive alternative (LRA) or conditional release support behavioral health services
- ___ WAC 246-341-0815 Substance use disorder counseling for RCW 46.61.5056
- ___ WAC 246-341-0820 Driving under the influence substance use disorder assessment services

Behavioral Health Crisis Outreach, Observation and Intervention Certification

The following applicable standards are required if the Tribal agency elects to provide behavioral health crisis outreach, observation and intervention services.

- ___ WAC 246-341-0901 Behavioral health outpatient crisis outreach, observation and intervention certification standards

Behavioral Health Designated Crisis Responder Certification

The following applicable standards are required if the Tribal agency elects to provide designated crisis responder services.

- ___ WAC 246-341-0912 Designated crisis responder (DCR) certification standards

Opioid Treatment Program (OTP) Service Certification

The following standards are required if the Tribal agency elects to provide OTP services (this certification is only required if you plan to provide methadone). OTP certification also requires certification for WAC 246-341-0737 - Behavioral health outpatient assessment, intervention, and treatment. Other Pharmacy Quality Assurance Commission and federal regulations may apply.

- ___ WAC 246-341-1000 General
- ___ WAC 246-341-1005 Agency certification requirements
- ___ WAC 246-341-1010 Agency staff requirements
- ___ WAC 246-341-1015 Clinical record content and documentation requirements
- ___ WAC 246-341-1020 Program physician responsibility
- ___ WAC 246-341-1025 Medication management

Withdrawal Management Certification

The following applicable standards are required if the Tribal agency elects to provide withdrawal management services.

___ WAC 246-341-1100 Withdrawal management certification standards

Behavioral Health Residential or Inpatient Intervention, Assessment and Treatment Certification

The following applicable standards are required if the Tribal agency elects to provide behavioral health residential or inpatient intervention, assessment and treatment services.

___ WAC 246-341-1105 –Behavioral health residential and inpatient intervention, assessment and treatment services (applies to all elected services listed below)

___ WAC 246-341-1108 Residential and inpatient substance use disorder treatment services

___ WAC 246-341-1118 Residential and inpatient mental health services

___ WAC 246-341-1124 Residential and inpatient mental health services – Rights related to antipsychotic medication

Involuntary Behavioral Health Residential or Inpatient Certification

The following applicable standards are required if the Tribal agency elects to provide involuntary behavioral health residential or inpatient services.

___ WAC 246-341-1131 Involuntary behavioral health residential and inpatient services (applies to all elected services below)

___ WAC 246-341-1133 Evaluation and treatment services

___ WAC 246-341-1135 Secure withdrawal management and stabilization services

Intensive Behavioral Health Treatment Certification

The following applicable standards are required if the Tribal agency elects to provide intensive behavioral health treatment services.

___ WAC 246-341-1137 Intensive behavioral health treatment certification standards

Crisis Stabilization and Triage Certification

The following applicable standards are required if the Tribal agency elects to provide intensive behavioral health treatment services.

___ WAC 246-341-1140 Crisis stabilization and triage certification standards

Competency Restoration Certification

The following applicable standards are required if the Tribal agency elects to provide competency restoration services.

___ WAC 246-341-1154 Competency evaluation and restoration (applies to all elected services below)

___ WAC 246-341-1156 Competency evaluation and restoration - Rights

___ WAC 246-341-1158 Competency evaluation and restoration – Seclusion and restraint

Problem Gambling and Gambling Disorder

The following applicable standards are required if the Tribal agency elects to provide problem gambling and gambling disorder services.

___ WAC 246-341-1200 Problem gambling and gambling disorder certification standards

Applied Behavior Analysis Mental Health

The following applicable standards are required if the Tribal agency elects to provide applied behavior analysis mental health services.

___ WAC 246-341-1300 Applied behavior analysis mental health certification standards

6. Contact Information

The manager for this Tribal Attestation for each of the Parties will be responsible for and will be the contact person for all communications regarding this Tribal Attestation, and they are listed below. Each Party will have the right to change its manager for this Tribal Attestation by providing written notice to the other party of the name and contact information for the manager.

Department of Health	Tribe
Attestation Manager:	Attestation Manager:
Physical Address:	Federal Tax ID (FEIN)#:
Mailing Address:	Name of Tribal Entity(ies) as advertised on website:
Phone:	Physical Address:
Fax Number:	Mailing Address:
	Phone: Fax Number:
	Tribal Government Website Address:
	Tribal Entity Hours of Operation:

7. Debarment, Suspended and Ineligible Status

The Tribe attests that no person or entity named in this application has had a license or certification for a treatment service or health care agency denied, revoked, or suspended and that no person or business entity named in this application is currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in transactions involving certain federal funds.

8. Illegal Acts and Unprofessional Conduct

The Tribe attests that no person named in this application has been convicted of child abuse or adjudicated as a perpetrator of substantiated child abuse and that no person or business entity named in this application is currently under investigation for or has committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180.

9. Liability

The Department will be responsible for the acts or omissions of the Department, its officers, employees, and agents. The Tribe will be responsible for the acts or omissions of the Tribe, its officers, employees, and agents.

10. 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 legislative action or the rule-making process, in which case the State shall provide the Tribe with amended state minimum standards for Tribal Attestation.

11. Oversight

The State will not perform initial inspections, routine inspections, license reviews, or complaint investigations. The Tribe agrees to be responsible for the oversight of the Tribal behavioral health agency that provides behavioral health services and to assure that the program meets the state minimum standards provided in this Tribal Attestation.

12. Licensure of Providers

Section 221 of the Indian Health Care Improvement Act (IHCIA), 25 U.S.C. § 1621t, exempts a health care professional employed by an Indian Tribe or Tribal organization from the licensing requirements of the state in which such Tribe or organization performs services, provided the health care professional is licensed in any state. The parties agree that these federal laws apply to this Tribal Attestation and any addenda thereto, and that nothing in any provision of this Tribal Attestation or the addenda thereto shall be construed to require a health care professional employed by the Tribe to hold a state license if that professional is exempt from state licensing requirements under 25 U.S.C. § 1621t.

13. Persons Eligible for Items and Services from Provider

(a) The parties acknowledge that eligibility for services at the Tribe's facilities is determined by federal law, including the IHCIA, 25 U.S.C. § 1601, et seq. and/or 42 C.F.R. Part 136. Nothing in this Tribal Attestation shall be construed to in any way change, reduce, expand, or alter the eligibility requirements for services through the Tribe's programs.

(b) No term or condition of this agreement or any addenda thereto shall be construed to require the Tribe to serve individuals who are ineligible under federal law for services from the Tribe. The Department acknowledges that pursuant to 45 C.F.R. 80.3(d), an individual shall not be deemed subjected to discrimination by reason of his/her exclusion from benefits limited by federal law to individuals eligible for services from the Tribe. The Tribe acknowledges that the nondiscrimination provisions of federal law may apply.

14. Hours and Days of Service

The hours and days of service of the Tribe shall be established by the Tribe. Though not required prior to the establishment of such service hours, the Department and the Tribe may negotiate and agree on specific hours and days of service. At the request of the Department, the Tribe shall provide written notification of its hours and days of service.

15. Governing Law

This Tribal Attestation and all addenda thereto shall be governed and construed in accordance with federal law of the United States. In the event of a conflict between such agreement and all addenda thereto and federal law, federal law shall prevail. Nothing in this Tribal Attestation or any addendum thereto shall subject the Tribe to state law to any greater extent than state law is already applicable.

16. Succession

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

17. Tribe Signature

This Tribal Attestation is submitted on this day, _____ of 20__, will become effective once accepted by the Department, and may be terminated as agreed upon by both the Tribe and the Department.

(Name), Tribal Chair

(Name of Tribal Organization)

(Address)

(Address)

18. Department's Acceptance

The Tribal Attestation submitted by _____ (Name of Tribal Organization) on _____ (Date Tribal Attestation signed) for the Tribal behavioral health agency listed in Section 6 is accepted and made effective on this day, _____ of 20__, and may be terminated as agreed upon by both the Tribe and the Department.

(Name), Secretary of Health