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(26)(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(26)(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 clinical record system
WAC 246-341-0430 Treatment facility requirements

Personnel
WAC 246-341-0500 Agency policies and procedures
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

Clinical
WAC 246-341-0600 Individual rights
WAC 246-341-0610 Assessment
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.

**General Outpatient Behavioral Health Service**

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

___ WAC 246-341-0700 General (applies to all elected services listed below)
___ WAC 246-341-0702 Individual mental health treatment services
___ WAC 246-341-0704 Brief mental health intervention treatment services
___ WAC 246-341-0706 Group mental health therapy services
___ WAC 246-341-0708 Family therapy mental health services
___ WAC 246-341-0710 Rehabilitative case management mental health services
___ WAC 246-341-0712 Psychiatric medication mental health services and medication support
___ WAC 246-341-0714 Day support mental health services
___ WAC 246-341-0718 Recovery support general (applies to all recovery support services)
___ WAC 246-341-0720 Recovery support-supported employment mental health and substance use disorder
___ WAC 246-341-0722 Recovery support-supportive housing mental health and substance use disorder services
___ WAC 246-341-0724 Recovery support-peer support mental health services
___ WAC 246-341-0726 Recovery support-wraparound facilitation mental health services
___ WAC 246-341-0728 Recovery support-applied behavior analysis mental health services
___ WAC 246-341-0730 Required clubhouse components
___ WAC 246-341-0732 Clubhouse management and operational requirements
___ WAC 246-341-0736 Clubhouse employment-related services
___ WAC 246-341-0738 Level one outpatient substance use disorder services
___ WAC 246-341-0740 Level two intensive outpatient substance use disorder services
___ WAC 246-341-0742 Substance use disorder assessment only services
___ WAC 246-341-0744 Information and assistance general (applies to all information and assistance services)
___ WAC 246-341-0746 Information and assistance-Alcohol and drug information school
Involuntary and Court-ordered Outpatient Behavioral Health Service Standards
The following applicable standards are required if the Tribal agency elects to provide involuntary and court-ordered outpatient behavioral health services.

___WAC 246-341-0800-Noncompliance reporting for court-ordered substance use disorder
(applies to all involuntary and court-ordered outpatient services listed below)
___WAC 246-341-0805 Less restrictive alternative or conditional release support behavioral health services
___WAC 246-341-0810 Emergency individual detention mental health and substance use disorder 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

Crisis Mental Health Service Standards
The following applicable standards are required if the Tribal agency elects to provide crisis mental health services.

___WAC 246-341-0900 General (applies to all crisis services listed below)
___WAC 246-341-0905 Telephone support services
___WAC 246-341-0910 Outreach services
___WAC 246-341-0915 Stabilization services
___WAC 246-341-0920 Peer support services

Opioid Treatment Program Service Standards
The following standards are required if the Tribal agency elects to provide opioid treatment program services.

___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
**General Inpatient Behavioral Health Service Standards**
The following applicable standards are required if the Tribal agency elects to provide general inpatient behavioral health services.

___WAC 246-341-1100 Withdrawal management - adults
___WAC 246-341-1102 Withdrawal management - youth
___WAC 246-341-1104 Secure withdrawal management and stabilization - adults
___WAC 246-341-1106 Secure withdrawal management and stabilization - youth
___WAC 246-341-1108 Residential substance use disorder- General (applies to all residential substance use disorder services)
___WAC 246-341-1110 Residential substance use disorder treatment intensive inpatient
___WAC 246-341-1112 Residential substance use disorder treatment recovery house
___WAC 246-341-1114 Residential substance use disorder treatment long-term treatment
___WAC 246-341-1116 Residential substance use disorder treatment youth residential

**Inpatient Evaluation and Treatment, Crisis Stabilization, and Triage Mental Health Service Standards**
The following applicable standards are required if the Tribal agency elects to provide evaluation and treatment, crisis stabilization, or triage mental health services.

___WAC 246-341-1118 General (applies to all agencies providing evaluation and treatment, crisis stabilization, or triage)
___WAC 246-341-1120 Rights for minors (applies to all agencies providing evaluation and treatment, crisis stabilization, or triage to minors)
___WAC 246-341-1122 Rights of individuals (applies to all agencies providing evaluation and treatment, crisis stabilization, or triage)
___WAC 246-341-1124 Rights related to antipsychotic medication
___WAC 246-341-1126 Policies and procedures-adult (applies to all agencies providing evaluation and treatment, crisis stabilization, or triage to adults)
___WAC 246-341-1128 Policies and procedures-minors (applies to all agencies providing evaluation and treatment, crisis stabilization, or triage to minors)
___WAC 246-341-1130 Treatment of minor without parent consent (applies to all agencies providing evaluation and treatment, crisis stabilization, or triage to minors)
___WAC 246-341-1132 Treatment of minor without minor consent (applies to all agencies providing evaluation and treatment, crisis stabilization, or triage to minors)
___WAC 246-341-1134 Evaluation and treatment
___WAC 246-341-1136 Evaluation and treatment long-term exception
___WAC 246-341-1138 Child long-term inpatient program
___WAC 246-341-1140 Crisis stabilization unit facility and administrative standards
___WAC 246-341-1142 Crisis stabilization unit admission, assessment, and records
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.

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Tribe</th>
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<tbody>
<tr>
<td>Attestation Manager:</td>
<td>Attestation Manager:</td>
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<tr>
<td>Physical Address:</td>
<td>Federal Tax ID (FEIN)#:</td>
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<tr>
<td>Mailing Address:</td>
<td>Name of Tribal Entity(ies) as advertised on website:</td>
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<tr>
<td>Phone:</td>
<td>Physical Address:</td>
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<tr>
<td>Fax Number:</td>
<td>Mailing Address:</td>
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<td>Fax Number:</td>
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<tr>
<td>Tribal Government Website Address:</td>
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<td>Tribal Entity Hours of Operation:</td>
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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 2020, 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)

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