

Statement of Work: ABA Services

Target Geographical Area for Implementation:

- Arenac County Bay County Other:

Consumer Populations to be Served:

- Adults with Serious Mental Illnesses Adults and/or Children with Developmental Disabilities Persons with Substance Use Disorders
 Children with Serious Emotional Disturbances Other: Other:

Services to be Provided:

Provider is engaged to render the Services listed and defined below to the consumer populations in the geographic areas identified herein.

State of Michigan, Department of Health and Human Services
 October 1, 2016 to September 30, 2017 Autism Program Capitation Rates
 Autism Program Reimbursement Rates by Provider Type

Prior iSPA Code	New Code	Service Description	Reporting Units	Provider Type	BCBA	BCaBA	QBHP	LP/LLP	BT
H0031	0359T	Behavior identification assessment includes interpretation of results and development of the behavioral plan of care. Untimed typically 4 hours and no more than twice a year.	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 480.00	\$ 340.00	\$ 480.00	\$ 480.00	
H0031	0362T	Exposure behavioral follow-up assessment (Functional Behavior Analysis/FBA)	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
	+0363T	Exposure behavioral follow-up assessment (FBA) each additional 30 minutes	Each additional 30		\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
H2019	0364T	Adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 27.50
	+0365T	Adaptive behavior treatment by protocol administered by technician each additional 30 minutes	Each additional 30		\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 27.50
H2019TT	0366T	Group adaptive behavior treatment by protocol administered by technician first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 8.57	\$ 8.57	\$ 8.57	\$ 8.57	\$ 7.86
	+0367T	Group adaptive behavior treatment by protocol administered by technician additional 30 minutes	Each additional 30		\$ 8.57	\$ 8.57	\$ 8.57	\$ 8.57	\$ 7.86
S5108	0368T	Adaptive behavior treatment with protocol modification and clinical observation & direction administered by qualified professional first 30 minutes	First 30 minutes	BCBA, BCaBA or QBHP, LP/LLP	\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
	+0369T	Adaptive behavior treatment with protocol modification and clinical observation & direction administered qualified professional each additional 30 minutes	Each additional 30		\$ 60.00	\$ 42.50	\$ 60.00	\$ 60.00	
S5111	0370T	Family behavior treatment guidance administered by qualified professional. Untimed typically 60 - 75 min	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 120.00	\$ 85.00	\$ 120.00	\$ 120.00	
S5111TT	0371T	Multiple Family behavior treatment guidance administered by qualified professional. Untimed typically 90-105.	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 72.00	\$ 51.00	\$ 72.00	\$ 72.00	
H2019TT	0372T	Adaptive behavior treatment social skills group. Untimed typically 90-105	Encounter	BCBA, BCaBA or QBHP, LP/LLP	\$ 51.43	\$ 36.43	\$ 51.43	\$ 51.43	
N/A	0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); first 60 minutes of technician's time, face to face with child.	First 60 minutes	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 110.00
	0374T		Each additional 30		\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 55.00

**Rates and codes are subject to change if applied by the Michigan Department of Health and Human Services*

H0032 - Professional staff attendance at PCP meeting \$50.00 per event

Service Definitions:

Refer to most recent HCPC Code Book and Medicaid Provider Manual.

Exceptions: N/A

Other Conditions:

1. Provider will comply with BABHA expectations that contractual increases in compensation must be distributed to its direct care workers as soon as possible following the date Provider receives compensation increases from BABHA, including lump sum payments and/or per diem increases for such purposes. In addition and upon request, Provider agrees to submit periodic reports to BABHA which shall include the range of rates of pay for employees providing direct care to BABH consumers served under contract. Direct care workers are those working in local residential settings and paraprofessionals and other non-professional direct care workers in (non-residential) settings where skill building, community living supports, training and personal care services are provided. The reports will list each employee position or classification, together with the actual rate or rates of pay for each position or classification for the applicable time period, including the starting rate and each rate/step increase.

A.1 Provider Specific Services Requirements.

In addition to the duties and obligations set forth in the Agreement, Provider shall comply with the following specific requirements for services rendered by **Providers of Applied Behavioral Analysis (ABA) Services**:

- A.1.1 **Staff Training:** All staff who work with individuals shall have, at a minimum, successfully completed the required training courses in **Exhibit D: Provider Training Requirements**.
 - a) Training shall be arranged by the Provider and provided by BABHA (where available) or by training organizations or resources that follow a DCH curriculum and are approved in writing by BABHA.
 - b) Training beyond what is required under contract is the financial responsibility of the Provider. Additional trainings secured through BABH will be based on a predetermined fee. Provider's internal training resources should be utilized whenever possible.
 - c) A twenty-four (24) hour cancellation notice is required for all trainings conducted by the BABH Staff Development Center. The Provider will contact the Staff Development Center at (989) 895-2395, or via email to staffdevelopment@babha.org, immediately upon becoming aware of a cancellation, but no later than 24 hours in advance. The first no-show without proper notification will result in a warning letter being issued to the Provider. Subsequent no-shows will result in an assessment fee of \$50.00 per no-show violation applied to the program. Upon the third no-show violation, a written corrective action plan must be submitted by the Provider to BABHA within 10 business days that specifies what will be done to resolve this issue. Failure to follow through with corrective action will result in further actions, including a decision to limit access to training resources.
- A.1.2 Provider agrees to adhere to all regulations, requirements and policies of the Medicaid Provider Manual and the Behavior Analyst Certification Board (BACB).
- A.1.3 **Documentation and related timelines:**
 - a) Provider shall contact the family within 48 hours of receiving the referral to schedule the first Appointment.
 - b) First appointment will be scheduled to occur within 14 days of the referral. All contacts with the family must be documented.

- c) Initial Assessments/Evaluations must be completed within 30 days of referral.
- d) Treatment plan must be completed within 45 days of the referral.
- e) Progress notes are to be completed within 1 business day of service.
- f) VB MAPP is completed at intake and every 6 months.
- g) Provider staff working with the family will attend the Person Centered Planning meeting.
- h) Provider will submit claims using the PCE (Phoenix) EHR.

A.1.4 If there was an unusual incident, **an incident report should be completed and** contain the following:

- Information on what precipitated the behavior
- Description of the **incident/behavior**
- **Actions taken by the behavioral aide**
- **Corrective measures taken to remedy/prevent the recurrence**
- Result of the intervention

A.2 Performance Requirements and Indicators.

A.2.1 Improving Outcomes For People:

- a) Promoting and sustaining a Culture of Gentleness (as applicable to individuals with ID/DD):
Bay Arenac Behavioral Health will continue to promote and implement a Culture of Gentleness.

A.2.2 Consumer Satisfaction

- a) All CMHSP-sponsored consumers will be requested to participate in a standardized consumer satisfaction process that is adopted by the Provider. **The Provider will maintain evidence that it acts on the data received from the consumer satisfaction process.**
- b) The results of the consumer satisfaction measurement process will be available to BABHA at least annually, or per the time frame specified in provider policies or procedures pertaining to consumer satisfaction reporting.

A.2.3 Billing and Claims:

- a) Provider is encouraged to submit claims using the online billing module available to BABHA providers.
- b) If submitting paper claims, at least 90% of submitted claims will be accurate for purposes of immediate processing and reimbursement.
- c) All Coordination of Benefits (COB) claims shall be submitted using paper claims with a copy of the Explanation of Benefits (EOB) from the primary insurance(s) attached.
- d) Standard practices shall be to submit claims as soon as practical after the delivery of service. All claims must be submitted **90 days** of the delivery of service, **or within 90 days of receipt of the EOB from the primary insurance.**

A.2.4 Other Performance Indicators and Requirements:

- a) Percentage of recipient rights complaints that are substantiated.
- b) Rate of accidents resulting in serious injury.