

**Statement of Work:
Community Living Supports and Supported Independent Housing 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.

Service Definition Number	Service Title	HCPSC Code	Unit Type	Estimated Volume	Unit Rate	Estimated Total Value
1	Community Living Supports					
	>3 hours/day, consistently	H0043*	Day			
	<3 hours/day, fluctuant	H2015 KX*	Unit			
2	Behavior Aide CLS	H2015 KX*				
3	Sleeper Staff	H2015 O				
4						
Estimated Total Annual Contract Value:						

*Use TT modifier if service is provided to more than 1 individual simultaneously

Service Definitions:

Community Living Supports (CLS) includes providing supports that increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings (including but not limited to libraries, city pools, camps, etc.).

Coverage includes:

- Assisting, prompting, reminding, cueing, observing, guiding and/or training in the following activities:
 - Meal preparation;
 - Laundry;
 - Routine, seasonal, and heavy household care and maintenance;
 - Activities of daily living such as bathing, eating, dressing, personal hygiene;
 - Shopping for food and other necessities of daily living.

- Staff assistance, support and/or training with such activities as:
 - Money management;
 - Non-medical care (not requiring nurse or physician intervention);

- Socialization and relationship building;
 - Transportation (excluding to and from medical and dental appointments) from the beneficiary's residence to community activities, among community activities and from those activities back to the beneficiary's residence;
 - Participation in regular community activities and recreation opportunities (e.g. attending classes, movies, concerts and event in a park; volunteering; voting)
 - Attendance at medical appointments;
 - Acquiring or procuring goods other than those listed under shopping and non-medical services.
- Reminding, observing and/or monitoring of medication administration;
 - Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

CLS Behavior Aides provide support to a beneficiary younger than 18 and the family in the care of their child, while facilitating the child's independence and integration into the community. This service provides skill development related to activities of daily living, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; and skill development to achieve or maintain mobility, sensory-motor, communication, socialization and relationship building skills, and participation in leisure and community activities. These supports may serve to reinforce skills or lessons taught in school, therapy or other settings. For children and adults up to age 26, who are enrolled in school, CLS services are not intended to supplant services provided in school or other setting or to be provided during the times when the child or adult would typically be in school but for the parent's choice to home school.

Sleeper Staff are CLS staff that work in a person's home when overnight staff has been approved and the person has been assessed to not need awake staff in the home but need staff available.

Exceptions: N/A

Other Conditions:

1. Provider agrees to bill BABHA net of any DHS Home Help amounts received, and to immediately notify BABH of any change in consumers' DHS Home Help.
2. 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 Community Living Supports and Supported Independent Housing Services in Unlicensed Settings**:

- A.1.1 All staff who work with individuals shall have, at a minimum, successfully completed the required training courses in **Exhibit D: Provider Training Requirements**. Training shall be arranged by the Provider and provided by BABHA (where available) or by training organizations or resources that follow a DHHS curriculum and are approved in writing by BABHA. **BABHA may provide training resources for trainings that have been delegated as the responsibility of the Provider.**
- A.1.2 Provider understands and agrees that any untrained staff shall only work with individuals under the direct supervision of trained staff and any person engaged in direct care work shall successfully complete all required training within 90 days of hire, and complete all annual refreshers and updates. **Staff must be trained in all plans of service prior to working alone with the consumer.**
- A.1.3 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.
- A.1.4 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.1.5 Provider shall maintain an adequate number of direct care staff available at all times, at least one of whom shall be fully qualified and trained to meet the individual(s)' PCP needs, and familiar with and capable of implementing emergency procedures in the individual's home. Direct (face-to-face) supervision will be provided at least monthly to direct care staff. This would include at least one (1) hour of observing a variety of the employee's work activities, and providing training and consultation as needed. Provider shall designate an individual who shall be responsible for the administration of the program and who will be available to the staff, the BABHA, and any BABHA designated agent on a twenty-four (24) hour basis and who shall be able to take any necessary actions on behalf of the Provider.
- A.1.6 **Providers working in people's homes that have 24 hour support are responsible for being available to respond to issues that arise in the vocational programs or a person's location of employment such as the need to pick someone up early or the need to provide personal care items. The Provider will respond promptly to requests from the vocational programs for assistance and the Provider will ensure that they have provided the vocational programs with home and mobile phone numbers to reach staff. The Provider needs to have a backup plan in these arrangements if normal CLS staff are not available to respond. The Provider will ensure that CLS staff support people who wish to be or already are employed to ensure that their job responsibilities are met.**

A.1.7 Medication Administration:

- a) Provider will ensure that it has policies and procedures in effect addressing medication administration and specialized medical procedures. Provider will ensure processes are implemented for safe and effective medication use and disposal of medications that are either discontinued, expired, or recalled. Provider will ensure a procedure is in place to cover these incidences and the meds will be sent back to the pharmacy for disposal.
- b) Medication administration will be documented each time medications are given. All medications will be safeguarded as appropriate for the person(s) being served keeping safety in mind. Any medication errors or failure to document medication distribution will be reported on an "Incident Report Form."
- c) BABH requires that remedial education occur if an individual is identified as responsible for undesirable medication occurrences as defined in BABHA policy and procedure *C07-S03-T07 Remedial GHC Training for Undesirable Medication Occurrences*. Provider staff which do not comply with the required remediation education process may not administer medications until compliance is achieved.
- d) In instances where training on medication administration has been delegated to the Provider, the BABHA Nursing Team Leader must review and approve in writing the Provider's training plan including content.
- e) Staff may not administer medications in any form unless they have been fully trained in medication procedures.

A.1.8 Each new Provider staff person is not to work a shift with an individual until they have had the opportunity to meet one another. In a setting where there are multiple individuals living, each person should have the opportunity to meet and spend time with the staff person that is new to them prior to a shift being worked in their home. It is not acceptable to have a new staff person scheduled to work without prior introductions and interactions with those individuals to be supported. Best practice is to allow individuals to be involved in the staff interviewing process.

A.1.9 Provider staff is encouraged to participate in individual's PCP process by identifying the staff person that knows them best to attend the PCP meeting. Staff working with the individual will be in-serviced on the persons IPOS initially and annually and whenever the plan changes. Documentation of this training will be maintained including staff signature and date of training.

A.1.10 Provider staff will assist individuals living in their own homes/apartments in developing the self-sustaining skills necessary to maintain community housing and to be as independent as possible, such as:

- general safety
- cleaning and trash removal
- operating appliances
- yard and sidewalk maintenance
- smoke alarm maintenance
- Cooking and nutrition
- Grocery Shopping and meal planning
- Financial skills (going to the bank, budgeting, paying bills, handling money)
- Being good neighbors
- Using public transportation
- Safety overnight if not 24 hour staff
- Personal Care/Hygiene

- Social skills

It is expected that staff will do the above items alongside the person served as much as possible. The provider will measure progress and make adjustments in order to help the person develop and maintain skills.

A.1.11 For provider staff serving individuals on SED Waiver, a TB test is required every three (3) years.

A.1.12 Staff are required to obtain a release of information in order to take photographs of persons served. Under no circumstance should photos be posted on staff's social medial accounts. Staff may, with the consumer's permission, assist the consumer in posting pictures to their own social media page.

A.2 Performance Requirements and Indicators.

A.2.1 Primary Healthcare Integration:

The Provider agrees to coordinate service delivery with the recipients' health care providers, including each recipient's primary health care provider when appropriate. Providers are responsible for obtaining recipient consent to release and/or exchange information with the recipient's primary health care provider, or other providers, an with that consent, agrees to inform the primary health care provider of the initiation of services, to engage in discussion with the primary health care provider of any significant change in the course of treatment or care, including medication changes, and to integrate into the Providers' treatment plan input received from the primary care physician.

Providers are encouraged to assist persons served to live a healthy life style. This may include discussing options for healthy snacks, meals, and beverages and encouraging fun activities that help people be active (e.g. taking walks, swimming, playing Wii games, going to the gym, etc.).Unless required in the person's plan of service they should have personal choice and control but staff can encourage, educate and model healthy lifestyles.

A.2.2 Improving Outcomes For People:

Providers are required and will be monitored in taking affirmative steps to further the community connecting objectives of the persons with whom they support, consistent with the Inclusion Best Practice Guideline, the Consumerism Best Practice Guideline, the Home and Community Based Services rules and the Personal Care Technical Requirement (the Provider Manual).

It is an expectation of the provider staff to include and engage people living in the house in the day to day decision making and routines. These outcomes will be measured in major areas. The following performance requirements are contractual obligations of the provider.

a) Assuring maximum choice and control for all persons served in:

- Meal choices and preparation
- When to go to bed and when to get up in the morning
- Active participation and choices in community experiences
- The provider will find support staff that have the same interests and are willing to participate in each experience
- Support and encourage people who want to vote
- People living in the home should have direct control of their spending money at all times
- Decisions about purchases or spending must be made with the person present

- Withdrawals of personal funds are initiated by the individual and in amounts and frequencies determined by him/her
- b) Promote and support building meaningful and lasting relationships. The provider will have a process to determine the individuals' preferences. At a frequency determined by the individual, the provider will facilitate opportunities, including but not limited to:
- Social opportunities of not more than three people, with opportunities for one-to-one experiences
 - Church attendance, membership, and participation in organized church activities (choir, volunteering, recreational trips, etc.)
 - Entertainment experiences (including movies, parks, restaurants, etc.)
 - Support in developing relationships and friendships by associating with others in clubs, social organizations, neighborhood activities or volunteer experiences.
 - Participation in sports or other physical activities, but not limited to:
 - Walking
 - Health club memberships
 - Participation in sports as spectator
 - Promote and support the development of family and friend relationships (visits, communications, cards/gifts)
 - Opportunities to care for pets
- c) Assuring active engagement that truly connects people in their community:
- Household tasks and routine housekeeping, laundry, grocery shopping, stocking cupboards, yard work, etc.
 - Active participation in the development of the homes schedule of activities and choices to be carried out
 - The experiences and events that the individuals participate in are sponsored by the community and not by human services/disability organizations
 - Goods and services associated with community living, for example haircuts and doctor appointments, should occur in the community utilizing available natural and community supports and vendors
 - Ongoing documentation where the above opportunities have been provided is a requirement as well as documentation that the person is able to provide their preferences and had choice and control in decisions and activities.
 - Support each individual in completion of My Profile or a similar tool 30 days before the PCP.
 - Provider will have adequate transportation for supported housing settings so that individuals can fully participate in community activities.
 - Unannounced audits will occur.

d) Sleeper Staff:

Through the Person Centered Planning process, individuals who receive CLS staff in their own homes overnight will be assessed to determine if they need awake staff or if sleeper staff can be utilized. Sleeper staff is used when someone needs overnight staff but an assessment has determined that they do not need awake staff. The staff may sleep but they are required to assist a person if they get up in the night. They may also be required in the IPOS to check on a person one or more times to ensure safety or to reposition them.

e) Promoting and sustaining a philosophy of care:

Bay Arenac Behavioral Health continues to promote and implement a Culture of Gentleness, Trauma Informed System of Care and Recovery Focused services. Effective October 1, 2016, the Provider is required to train staff in these principles within 90 days of hire and refreshers every two years. BABHA will provide materials and staff resources upon request by contacting Ellen Albrecht at ealbrecht@babha.org.

f) Strategic Planning and Performance Improvement

- The organization must have a vision for the future.
- The people you support as well as staff must understand the vision.
- The organization will maintain an internal Performance Improvement Plan that will identify what types of information to collect to measure progress.
- The organization must offer regular opportunities for staff to improve their skills (e.g., training on person centered planning, relationship development, community connecting).
- The people served by the organization must have an active role in evaluating their services.
- The organization must be supportive of their staff, thereby establishing an inviting, caring, and fun environment.
- Provider will engage in a quality improvement process relative to improving outcomes for people they serve and promoting a culture of gentleness.
- Provider will have a way of monitoring development and maintenance of independent living skills and community inclusion.
- Provider will have a process in place to monitor staff retention (turnover rate) and have a system in place to reduce turnover of staff which can affect relationships and achievement of outcomes.

g) Documentation and Timelines:

- Services will begin within 14 business days of referral. If this is not possible the BABHA clinical manager will be notified immediately.
- Documentation is required to be completed within 24 hours for each service provided following the provision of service. (date, start and stop time, detail of service, location of service, progress toward goal, staff signature).
- Documentation must be uploaded into Phoenix (electronic health record) by the 15th and 30th of each month.

g) Coordination of Care:

- Provider staff will follow the Individual Plan of Service.
- Provider will ensure that services are coordinated with the primary case holder.
- The primary case holder through BABHA must monitor CLS services and meet with the CLS staff to ensure coordination of care and implementation of the treatment plan.

A.2.3 Consumer Satisfaction

- a) All CMHSP-sponsored consumers will be requested to participate in a standardized consumer satisfaction process that is adopted by the Provider.
- 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.

- c) Provider will have a process to analyze survey data to address client satisfaction.

A.2.4 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) 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.2.5 Other Performance Indicators and Requirements:

- a) Degree of control of environment by consumer (as opposed to staff) as determined through customer satisfaction review processes (control areas: meals, leisure activities, bed time, travel, home décor, degree of structure). See Section 2.2 of this Attachment.
- b) Degree of consumer control of support staff selection process.
- c) Flexibility of staff schedule.
- d) Presence/Absence of consumer driven staff guidelines for day to day living.
- e) Percentage of recipient rights complaints that are substantiated.
- f) Frequency of normalized and integrated community activity by consumer.
- g) Rate of movement of users of support staffing into more restrictive residential settings due to adverse clinical situations.
- h) Rate of accidents resulting in serious injury.
- i) Percent of staff turnover annually.