

**Statement of Work
Licensed Independent Practitioners**

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	HCPCS Code	Unit Type	Estimated Volume	Unit Rate	Estimated Total Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
Estimated Total Annual Contract Value:						

Total estimated number of individual consumers to be served under this Agreement: _____

Service Definitions:

Exceptions: N/A

Other Conditions: N/A

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 **Licensed Independent Practitioners (“LIPs”)**:

- 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 MDHHS curriculum and are approved in writing by BABHA.
- A.1.2 LIPs must complete a written assessment and progress reports at the frequency identified in the **IPOS** and provide each to BABHA for inclusion in the medical record within 24 hours of the Provider's service contact.
- A.1.3 Provider will develop goals and objectives that are measurable, achievable, time-specific, attainable, and understandable to the person served.
- A.1.4 Provider will make reasonable efforts to attend the person's PCP **meeting**, when invited to do so.
- A.1.5 Provider agrees to notify BABHA, along with other applicable providers, within three (3) business days of closing a case. Provider agrees to indicate the names of the other providers that have been notified and the date notified in the medical record of the consumer.
- A.1.6 If a script is required for services to be provided, the LIP will ensure that the script is in place prior to providing services.
- A.1.7 **Nursing** Providers will maintain current First Aid and CPR certifications.

A.2 Credentialing and Privileging.

- A.2.1 Provider's Licensed Independent Practitioners (LIPs) must request and be assigned clinical responsibilities by BABHA;
- A.2.2 Provider and BABHA will work together to define clinical responsibilities;
- A.2.3 Provider must follow the credentialing and privileging policies and procedures of BABHA, including, without limitation, C07-S01-T13 – Credentialing and Privileging of LIPs
- A.2.4 Provider's LIPs are prohibited from providing services to consumers of BABHA until clinical privileges have been granted;
- A.2.5 For physician services, if the Provider's LIP designates an outside LIP to cover his/her absence and coverage exceeds over 13 consecutive days or 72 consecutive hours, then

Provider's covering physician must be credentialed and privileged by BABHA prior to providing the coverage;

- A.2.6 Provider shall notify BABHA of any and all changes related to staffing or status of Provider's LIPs prior to the LIPs providing Services to BABHA consumers.
- A.2.7 BABHA shall review and assess the performance of all contract personnel on an annual basis.
- A.2.8 Upon request, the Provider will immediately forward copies of required evidence for credentialing including driver's license, professional license, evidence of training, etc.

A.3 Performance Requirements and Indicators.

A.3.1 Primary Healthcare Integration:

Provider agrees to coordinate service delivery with the recipients' health care providers, including each recipient's primary health care provider. Providers are responsible for obtaining recipient consent to release and/or exchange information with the recipient's primary health care provider, or other providers, and 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.

A.3.2 Consumer Satisfaction:

Clinical staff will obtain and document consumer feedback on satisfaction with services on at least a monthly basis. Documentation will be maintained in a progress note and/or quarterly report.

A.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) 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.