STATEMENT OF WORK

Target Geographical Area for Implementation:

☒ Arenac County ☒ Bay County ☐ Other:

Consumer Populations to be Served:

☐ Adults with Serious Mental Illnesses
☒ Children with Serious Emotional Disturbances
☐ Adults and/or Children with Developmental Disabilities
☐ Other:
☐ Persons with Substance Use Disorders
☐ 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 Title	HCPCS Code	Unit Type	Unit Rate
Crisis Residential Services	H0018	Day	$XXX*

*Rate is inclusive of the State of Michigan mandated $2.35/hour DCW increase (including an additional amount for taxes, fringes and administrative costs). Proof of wage-passthrough to DCW staff is required.

The **Provider** shall provide the following **Crisis Residential Service(s),** inclusive of psychiatric and nursing services, to consumers referred by BABHA. Services must be delivered according to an individual plan based on an assessment of immediate need. The plan must be developed within 48 hours of admission and signed by the beneficiary (if possible), the parent or guardian, the psychiatrist, and any other professionals involved in treatment planning, as determined by the needs of the beneficiary. If the beneficiary has an assigned case manager, the case manager must be involved in the treatment as soon as possible and must also be involved in follow-up services. All services will be documented and valid claims along with required documentation will be submitted monthly in format directed by BABHA**.**

Care will be based on excerpts of Section 6 of the Behavioral Health and Intellectual and Developmental Disability Supports and Services – Crisis Residential section of the Medicaid Provider Manual:

SECTION 6 – CRISIS RESIDENTIAL SERVICES

Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services for beneficiaries experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay.

6.1 POPULATION

Services are designed for a subset of beneficiaries who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The goal of crisis residential services is to facilitate reduction in the intensity of those factors that lead to crisis residential admission through a person-centered/Family Driven, Youth-Guided and recovery/resiliency-oriented approach.

6.2 COVERED SERVICES

Services must be designed to resolve the immediate crisis and improve the functioning level of the beneficiaries to allow them to return to less intensive community living as soon as possible.

The covered crisis residential services include:

- Psychiatric supervision;
- Therapeutic support services;
- Medication management/stabilization and education;
- Behavioral services;
- Milieu therapy; and
- Nursing services.
- Development of an Individual Plan of Services within 48 hours of admission

Individuals who are admitted to the crisis residential services must be offered the opportunity to explore and learn more about crises, substance abuse, identity, values, choices and choice-making, recovery and recovery planning. Recovery and recovery planning is inclusive of all aspects of life including relationships, where to live, training, employment, daily activities, and physical well-being.

6.2.A. CHILD CRISIS RESIDENTIAL SERVICES

Child Crisis Residential Services may not be provided to children with serious emotional disturbances in a Child Caring Institution (CCI) unless it is licensed as a "children's therapeutic group home" as defined in Section 722.111 Sec. 1(f) under Act No. 116 of the Public Acts of 1973, as amended. The program must include on-site nursing services (RN or LPN under appropriate supervision). On-site nursing must be provided at least one hour per day, per resident, seven days per week, with 24-hour availability on-call.

6.2.B. ADULT CRISIS RESIDENTIAL SERVICES

The program must include on-site nursing services (RN or LPN under appropriate supervision).

- For settings of six beds or fewer: on-site nursing must be provided at least one hour per day, per resident, seven days per week, with 24-hour availability on-call.
- For 7-16 beds: on-site nursing must be provided eight hours per day, seven days per week, with 24-hour availability on-call.

6.3 QUALIFIED STAFF

Treatment services must be clinically-supervised by a psychiatrist. A psychiatrist need not be present when services are delivered but must be available by telephone at all times. The psychiatrist shall provide psychiatric evaluation or assessments at the crisis residential home or at an appropriate location in the community. A psychiatric evaluation completed by a treating psychiatrist that resulted in the admission to the program fulfills this requirement as long as the program psychiatrist has consulted with that physician as part of the admission process. Medication reviews performed at the crisis residential home must be performed by appropriately licensed medical personnel acting within their scope of practice and under the clinical supervision of the psychiatrist. The covered crisis residential services (refer to Covered Services subsection) must be supervised on-site eight hours a day, Monday through Friday (and on call at all other times), by a mental health professional possessing at least a master's degree in human services and one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in human services and at least two years of experience providing services to beneficiaries with serious mental illness.

Treatment activities may be carried out by paraprofessional staff who have at least one year of satisfactory work experience providing services to beneficiaries with mental illness, or who have successfully completed a PIHP/MDHHS-approved training program for working with beneficiaries with mental illness.

Peer support specialists may be part of the multidisciplinary team and can facilitate some of the activities based on their scope of practice, such as facilitating peer support groups, assisting in transitioning individuals to less intensive services, and by mentoring towards recovery.

6.4 ADMISSION CRITERIA

Crisis residential services may be provided to adults or children who are assessed by, and admitted through, the authority of the local PIHP. Beneficiaries must meet psychiatric inpatient admission criteria but have symptoms and risk levels that permit them to be treated in such alternative settings. Services are designed for beneficiaries with mental illness or beneficiaries with mental illness and another concomitant disorder, such as substance abuse or developmental disabilities. For beneficiaries with a concomitant disorder, the primary reason for service must be mental illness.

6.5 DURATION OF SERVICES

Services may be provided for a period up to 14 calendar days per crisis residential episode. Services may be extended and regularly monitored, if justified by clinical need, as determined by the interdisciplinary team.

6.6 INDIVIDUAL PLAN OF SERVICE

Services must be delivered according to an individual plan based on an assessment of immediate need. The plan must be developed within 48 hours of admission and signed by the beneficiary (if possible), the parent or guardian, the psychiatrist, and any other professionals involved in

treatment planning, as determined by the needs of the beneficiary. If the beneficiary has an assigned case manager, the case manager must be involved in the treatment as soon as possible, and must also be involved in follow-up services.

The plan must contain:

- Clearly stated goals and measurable objectives, derived from the assessment of immediate need, stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis.
- Identification of the activities designed to assist the beneficiary to attain his/her goals and objectives.
- Discharge plans, the need for aftercare/follow-up services, and the role of, and identification of,the case manager.

If the length of stay in the crisis residential program exceeds 14 days, an interdisciplinary team must develop a subsequent plan based on comprehensive assessments. The team is comprised of the beneficiary, the parent or guardian, the psychiatrist, the case manager and other professionals whose disciplines are relevant to the needs of the beneficiary, including the individual ACT team, outpatient services provider or home-based services staff, when applicable. If the beneficiary did not have a case manager prior to initiation of the intensive crisis residential service, and the crisis episode exceeds 14 days, a case manager must be assigned and involved in treatment and follow-up care. (The case manager may be assigned prior to the 14 days, according to need.)

For children's intensive crisis residential services, the plan must also address the child's needs in context with the family's needs. Educational services must also be considered and the plan must be developed in consultation with the child's school district staff.

Additional elements:

If the consumer's needs change while they are in placement with the **Provider,** it is BABHA's expectation that the Provider will immediately contact the Board (Case Manager/Assigned Clinician) for input.

The Provider will:

- Assure on-site nursing services are provided at least one hour per day, per resident, seven days per week, with 24-hour availability on-call.
- Assure that treatment services are clinically supervised by a psychiatrist per the Medicaid standards.
- Assure the timely completion of the Individual Plan of Service (IPOS) within 48 hours of admission and signed by the beneficiary (if possible), the parent or guardian, the psychiatrist, and any other professionals involved in treatment planning, as determined by the needs of the beneficiary. If the beneficiary has an assigned case manager, the case manager must be involved in the treatment as soon as possible and must also be involved in follow-up services.

- The IPOS for each consumer will be faxed to BABHA's Emergency Service Department at 989-895-2390.
- Services may be provided for a period up to 14 calendar days per crisis residential episode. Services may be extended and regularly monitored, if justified by clinical need, as determined by the interdisciplinary team.
- For children's intensive/crisis residential services, the plan must also address the child's needs in context with the family's needs. Educational services must also be considered and the plan must be developed in consultation with the child's school district staff.

1. Issues related to transportation will be coordinated with BABHA.
2. As an inpatient step-down referral – BABHA will provide a copy of the pre-screen as well as any discharge summary information. All inpatient discharge planning and coordination as a step-down to the Provider will be completed by BABHA.
3. As a hospital diversion referral – BABHA will provide a copy of the most current psychiatric evaluation, pre-admission screening, and face sheet detailing the client demographics.
4. BABHA will provide the Provider's home manager a verbal referral approval for each admission and will follow-up with a 3-day authorization. The provider will contact BABHA for Continued Stay Reviews for additional authorizations.
5. The Provider will notify BABHA (assigned clinician, program supervisor, after-hours ES worker) immediately in the event the consumer voluntarily (if applicable) leaves the CRU home. The Provider will also notify the police if the consumer is a danger to self or others.
6. The Provider is not responsible for payment of prescribed medication unless agreed in writing by both parties.