

**STATEMENT OF WORK:
Specialized Residential Services for an Individual Recipient
in a Licensed Setting**

Target Geographical Area for Implementation:

- Arenac County Bay County Other:

Consumer Populations to be Served:

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

Services to be Provided:

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

Service Locations Covered by this Agreement:

Provider is engaged to deliver Services at the locations listed in the table:

Licensed, Specialized Residential Facility Name and Location	Number of Persons To Be Served	Estimated Home Annual Cost

Services to be Provided:

Provider is engaged to render the Services listed and defined below:

Service Definition Number	Service Title	HCPCS Code	Unit Type	Rate
1	Personal Care Services	T1020	Day	Individualized*
2	Community Living Supports	H2016	Day	Individualized*
3	Enhanced Pharmacy	T1999	Item*	Varies

*Based on results of the Personal Care and Community Support Services Assessment (Form 3803)

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

Service Definitions:

1. **Personal Care Services** are defined as services provided in accordance with an individualized plan of service that assist a recipient in performing his own personal daily activities. Services may only be provided in a licensed foster care setting with a specialized residential program certified by the state. Personal Care Services are covered when authorized by a physician or other health care professional in accordance with the Individual Plan of Service (IPOS), and rendered by a qualified person. Supervision of Personal Care Services must be provided by a health care professional who meets the qualifications in the Medicaid Manual.:

- Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure (e.g., beneficiary requires special dietary needs such as pureed food);
- EATING/FEEDING: the process of getting food by any means from the receptacle (plate, cup, glass) into the body. This item describes the process of eating after food is placed in front of an individual.
- TOILETING: the process of getting to and from the toilet room for elimination of feces and urine, transferring on and off the toilet, cleansing self after elimination, and adjusting clothes.
- BATHING: the process of washing the body or body parts, including getting to or obtaining the bathing water and/or equipment, whether this is in bed, shower or tub.
- GROOMING: the activities associated with maintaining personal hygiene and keeping one's appearance neat, including care of teeth, hair, nails, skin, etc.
- DRESSING: the process of putting on, fastening and taking off all items of clothing, braces and artificial limbs that are worn daily by the individual, including obtaining and replacing the items from their storage area in the immediate environment. Clothing refers to the clothing usually worn daily by the individual.
- TRANSFERRING: the process of moving horizontally and/or vertically between the bed, chair, wheelchair and/or stretcher.
- AMBULATION: the process of moving about on foot or by means of a device with wheels.
- ASSISTANCE WITH SELF-ADMINISTERED MEDICATION: the process of assisting the client with medications that are ordinarily self-administered, when ordered by the client's physician.

"Assisting" means staff performs the personal care tasks for the individual; or performs the tasks along with the individual (i.e., some hands on); or otherwise assists the individual to perform the tasks himself/herself by prompting, reminding, or by being in attendance while the individual performs the task(s).

Documentation must be maintained and include the following:

An assessment of the person's need for personal care

Documentation of the specific days on which personal care services were delivered consistent with the IPOS.

2. **Community Living Supports** facilitate an individual's independence, productivity, and promote inclusion and participation. The supports may be provided in the participant's residence, (i.e. licensed facility, own home, family home, apartment) or in community settings (including, but not limited to, libraries, city pools, camps, etc.) and may not supplant other waiver or Medicaid State Plan covered services (e.g. out of home non-vocational rehabilitation, Home Help program, personal care in a specialized residential setting, respite.) The individual receiving CLS must be directly involved in the task. Coverage includes:

- Assisting (that exceeds the Medicaid State Plan for adults), prompting, reminding, cueing, observing, guiding and/or training in the following activities:
 - Meal preparation;
 - Laundry;
 - Routine, seasonal, and heavy household care and maintenance (where no other party, such as a landlord or licensee, has responsibility for provision of these services)
 - 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 to/from community activities; Participation in regular community activities and recreation opportunities (e.g. attending classes, movies, concerts and event in a park; volunteering; voting). Transportation to and from medical appointments is excluded.
 - Leisure choice and participation in regular community activities
 - Attendance at medical appointments; (transportation costs are not reimbursable).
 - 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.

Transportation to medication appointments is covered by Medicaid through Medicaid Fee for Service (FFS) or the Medicaid Health Plan (MHP).

3. **Enhanced Pharmacy** - Physician-ordered, nonprescription "medicine chest" items as specified in the person's individual's plan of service. There must be documented evidence that the item is not available through Medicaid or other insurances, and is the most cost effective alternative to meet the individual's need. Items that are not of direct medical or remedial benefit to the beneficiary are not allowed. The following items are covered:

- Special oral care products to treat specific oral conditions beyond routine mouth care (e.g. special tooth paste, tooth brushes, anti-plaque rinses, antiseptic mouthwashes,).
- Vitamins and minerals

- Special dietary juices and foods that augment but do not replace a regular diet
- Thickening agents for safe swallowing when the beneficiary has a diagnosis of dysphagia and either a) a history of aspiration pneumonia or b) documentation that the individual is a risk of a feeding tube without the thickening agents for safe swallowing.
- Cough, cold, pain, headache, allergy, and/or gastrointestinal distress remedies
- First aid supplies (e.g. band aids, iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleansing pads)
- Special items (i.e accommodating common disabilities-longer, wider handles-tweezers and nail clippers)

Coverage excludes routine cosmetic products (e.g., make-up base, aftershave, mascara, and similar products). However, products necessary to ameliorate negative visual impact of serious facial disfigurements (e.g. massive scarring) and/or skin conditions (including exposed eczema, psoriasis, and/or acne) will be covered.

Exceptions: CLS services may not supplant services otherwise available to the beneficiary through the local educational agency under the IDEA or the Rehabilitation Act of 1973 or state plan services, e.g., Personal Care, Home Help, Expanded Home Help.

Other Conditions:

1. Personal Care Documentation Requirements: It is a long-established requirement that providers must document the provision of personal care services in licensed specialized residential settings.
2. Enhanced Staffing CLS per diem adjustments may be authorized by BABH for rare occurrences when high support needs exist outside of the norm. Authorizations are time limited and may be approved for up to a 12 week period. A request must be submitted in writing to the Director of Integrated Care.
3. 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 **Specialized Residential Providers for Individuals in a Licensed Setting:**

- A.1.1 Provider shall remain fully licensed at all times and must comply with all AFC licensing guidelines as issued by the Department of Licensing and Regulatory Affairs (LARA). This includes Certification Rules for Specialized Residential Programs. Provider agrees to immediately notify BABHA of any notice of deficiency from any regulator.

- A.1.2 All staff who work with individuals in specialized residential settings shall have, at a minimum, successfully completed the “Providing Residential Services in Community Settings: A Training Guide” and all other required training courses identified 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 comply with Certification Rule 330.1806(2)(3)(4) and are approved by MDHHS/LARA requirements and are approved in writing by BABHA.
- A.1.3 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.
- A.1.4 Training beyond what is required under contract is the financial responsibility of the Provider. Additional trainings secured through BABHA will be based on a predetermined fee. Provider’s internal training resources should be utilized whenever possible.
- A.1.5 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. Continued no-shows may require a written corrective action plan be submitted by the Provider to BABHA.
- A.1.6 Provider shall maintain adequate and effective, onsite managerial supervision and adequate staffing levels on duty at all times, at least one of whom shall be fully qualified and trained to meet the consumer(s)’ PCP needs, familiar with and capable of implementing emergency procedures, and alert at all times when any consumer is in the 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 each home and who will be available to the staff, BABHA, and any BABHA designated agent on a twenty-four hour basis and who shall be able to take any necessary actions on behalf of the Provider.
- A.1.7 Provider staff is encouraged to participate in consumer’s PCP process by identifying the staff person that knows them best to attend the PCP meeting.
- A.1.8 Provider is 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 provide the vocational programs with the home and mobile number that will allow them to reach the residential staff. The Provider needs to have a backup plan if the home staff is not available. The Provider will support people who wish to be or already are employed to ensure that their job responsibilities are supported. It is not up to home staff what days or hours the person can work.
- A.1.9 Provider will have a process in place to support and encourage people in learning independent living skills to the best of the person’s ability such as cooking, cleaning, laundry, dressing and grooming, etc.
- A.1.10 Medication Administration:
- a) The administration of medication will be determined by doctor’s order and monitored by trained residential staff. All staff distributing medications will be trained by BABHA’s Training Course. This staff training will include “Introduction to Residential Services, Basic Health and Medications, and Rights of Individuals.” Provider will ensure that the home staff will obtain medication administration training

updates from the home's designated Registered Nurse on at least a yearly basis or more often, if necessary. The Provider shall undergo such additional training as BABHA may specify from time to time. Evidence of this training and the results of the training must be documented in each staff's personnel file.

- b) Provider will ensure on-going training/in-service to home staff related to specialized medical procedures in the home as the consumer's illness/condition requires. This will occur prior to working with the person, yearly and on an as needed basis as the consumer's condition changes. The Provider will ensure this training is provided by the professional staff for the specific discipline. Evidence of this training must be documented in the staff's personnel file.
- c) Provider will ensure that it has policies and procedures in effect addressing medication administration, storage 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.
- d) Medication administration will be documented each time medications are given. All medications will be stored in an appropriate, climate-controlled, locked cabinet. Keys to medication cabinets will be secured to limit access to the Medication Passer. Any medication errors or failure to document medication distribution will be reported on an "Incident Report Form."
- e) 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 that do not comply with the required remediation education process may not administer medications until compliance is achieved.

A.1.11 Environment of Care:

- a) Each specialized home shall maintain consistent compliance with all Fire Safety requirements, including any such requirements as may be outlined by BABHA from time to time, and will provide BABHA with written proof of compliance, upon request.
- b) In the event that this contract is terminated, or consumers who were served by the Provider are discharged or transferred, the Provider shall immediately surrender all medications and personal property belonging to the consumers or to BABHA.
- c) Facility Inspections. If the Provider's residential facility is housing 100% of BABHA recipients under this Agreement, and the facility is located in Bay or Arenac counties, then the Provider's facility is subject to an annual safety and facility inspection, to be conducted by the BABHA Environment of Care Office. The Provider shall be responsible for any cost of repair or damage to the physical structure and contents of the homes and surroundings caused by its negligent acts or omissions of its employees, agents or others working on its behalf. Unless damages are determined to be consumer-inflicted and are outlined on the *Schedule of Responsibility on Leased Property*, all repairs identified are the financial responsibility of the Provider or the property landlord, as determined by the lease. Damage that impacts consumers must be repaired as soon as possible with reasonable accommodations made until the repairs are completed. BABHA reserves the right to withhold payments until identified repairs are made. Damage caused by the consumer may be reimbursed as long as there is an incident report detailing the situation, it was not due to negligence and lack of appropriate supervision and intervention by the staff and that bids are secured. Refer to the *Schedule of Responsibility on Leased Property*.

- d) Video recording of individual recipients may be taken for purposes of providing services to the recipient, determining the identity of the recipient, or for education and training with the prior written consent of the recipient or the recipient's legal representative. The recording must be maintained in the recipient's record until discharge or until the purpose for which the recording was done ceases to exist. Provider may not video record images of multiple recipients in common areas of the group home. Provider may monitor with cameras where the images are not captured and recorded (ex: at front door to monitor driveway or second floor hallway to monitor activity).
 - e) Staff must have a release in order to take photographs of persons living in the home. Under no circumstance should photos be posted on social media. Staff should not be taking photos on their personal cell phones.
- A.1.12 It is required that documentation be completed at the end of each shift. At a minimum, documentation must include the name and ID# of the individual receiving services, the shift, description of the services, noted progress or lack of, and the signature and date of the individual providing the service. Documentation should be sufficient to show what occurred on that shift (community inclusion, concerns, health and safety issues, behavior issues, etc.)
- A.1.13 All provider direct care staff must be offered the Hepatitis B vaccine upon employment. A list of vaccine series or refusal statement must be documented and maintained in the staff files.
- A.1.14 All provider direct care staff must be given a TB test upon employment and every three (3) years thereafter. Staff with previous positive PPD tests are routinely monitored for signs and symptoms of reactivation. Documentation will be maintained in staff files by the Provider.

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. 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.

Providers are encouraged to assist persons living in the home to live a healthy life style. This may include providing options for healthy snacks, meals and beverages and encouraging fun activities that help people be active such as taking walks, dancing, swimming, etc. Unless required in the person's plan this does not mean that we force the person or that we remove a person's choice and control but rather finding ways to encourage 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 (HCBS) 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 and ensuring that the person is engaged in their community for services, leisure activities, and hobbies and comply with HCBS rules:

- Meal and snack choices, times to eat and able to assist in preparation
- Times they choose to go to bed and wake up
- Active participation and choices in community experiences. The person served should have the opportunity to develop hobbies, engage in leisure activities they enjoy and have the opportunity for these to be scheduled and unscheduled. There should be an opportunity to do this 1:1 if they choose. Although going along with staff to regular activities such as to the bank, errands, grocery store and other like activities are valuable and important in a quality life, these do not count as quality community activities that are recreational, are related to the persons interests and hobbies, or that involve family and friends. The intent is that people are having quality opportunities in their community to have fun, spend time with friends and family, engage in hobbies, go to a place to work or volunteer, going to a community business to work out/exercise and participating in other fun events. It is the person themselves who determines the value of the community activity.
- 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. Banking transactions should occur with the person present.

b) Promote and support building meaningful and lasting relationships. At a frequency determined by the individual, the provider will facilitate opportunities, and focus on skill development for individuals to participate fully in their community, 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 associating with others in clubs, social organizations 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 (help with organizing visits, help the person recognize birthdays and special events through gifts or cards, etc.)
- Opportunities to care for pets

c) Assuring active engagement that truly connects people within their home and community.

- Persons residing in the home have a part in the day to day operation and upkeep of the home (e.g. cleaning their room, laundry, dishes, grocery shopping, yard work, running errands, etc.).
- Active participation in the development of the homes schedule of activities, program rules, visiting

hours 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
- Support each individual in completion of My Profile or a similar tool 30 days before the PCP. The provider needs to document that the person has had an opportunity for choice in the services they receive and the activities that they engage in. The person must be provided with the information on how to request a change to their services.
- Provider will have adequate transportation for each home so that individuals can fully participate in community activities.
- Opportunities to participate in community activities and spend time with friends should be available on short notice (not always be required to be scheduled a week or more in advance or limited to a specific number of community activities only on certain days).
- Persons residing in the home shall have access to a phone that they may use to engage family and friends.

Conditions:

- Documentation of resident meetings and progress notes where the above opportunities have been provided is a requirement.
- Documentation of staff attempts to determine the person's interests and preferences around these guidelines must be documented.
- Documentation of staff meeting minutes reflective of community inclusion planning is required.
- Unannounced audits will occur.
- Limits to choice and control may only be implemented if addressed in the person centered plan and outlined in a behavior treatment plan when required.

d) Promoting and sustaining a Culture of Gentleness, and services that are Recovery focused and Trauma Informed:

The philosophies of a culture of gentleness, recovery and trauma informed are key components to the BABH provider system. BABH requires that all Provider staff be trained in these philosophies upon hire and every two years (see Attachment D – Training Requirements). BABH will make resources available upon request including training materials and staff presenters.

e) Home and Community Based Services (HCBS):

The provider will educate themselves and their staff around the HCBS revised rules related to settings that do not isolate. The intent of the rules are to ensure that individuals are have a high level of choice and control in their lives and that the home does not isolate from full access to the community. The provider will work with BABHA to maintain full compliance. The provider will cooperate with any assessments of their setting performed through the MDHHS, the PIHP and/or BABHA. Some of the key components that the provider will need to address are as follows.

- The individual served has a high level of choice and control about their daily life (community activities, food choices and meal time, sleep and wake schedule, clothing, how to spend their money, roommates, bedroom decorations, etc.). The Provider will have a process for ensuring that the person's preferences are honored whenever possible and individuals in the home need to be empowered to make decisions and to share their preferences and desires.

- Staff will treat people living in the home with dignity and respect at all times.
- Persons in the home should be afforded privacy (if they desire) for meals and private time as well as for use of the bathroom and for personal care.
- Services will occur in the community where other people without disabilities receive services (haircuts, doctor appointments, banking, etc.).
- The provider will develop a lease agreement (resident agreement) with each person that lives in the home. The agreement will outline the eviction process as well as their appeal rights and it will outline visitation rules, etc.
- The home shall allow individuals to have visitors of their choosing at any time. Reasonable rules may be established if they are developed with input and agreement of the people who live in the home and are clearly documented and available to the persons in the home.
- Bedroom and bathroom doors will have doors that lock but also allow free egress. Staff must have access to the keys for emergencies. Each person in the home should be assessed at admission and ongoing for any health and safety reasons that prevent locking doors. This must be outlined in the IPOS and be reviewed through the Behavior Treatment Review Committee. Locks must meet licensing rules.
- The person shall have the opportunity to engage in meaningful activities in the community such as community integrated employment/skill building, volunteer opportunities, visits with family and friends, etc.
- The person should have easy access to the phone for communication with friends, family and others.
- The Provider will educate persons in the home about how to make their interests and preferences known, how to change services, and how to file a complaint.
- The home should appear like a home and not an institution (e.g. protocols, plans, rules are not posted all over walls, the persons should have some say on decorations, etc.).
- Limitations and/or restrictions on an individual's rights, freedoms and access must be justified by a specific and individualized assessed health or safety need and must be addressed through the PCP process and documented in the IPOS and in some cases may be required to go through the Behavior Treatment Review Committee.

BABHA is requiring Providers to continue planning for how they will ensure continued compliance with the HCBS revised rules including educating staff, making changes to their practices as necessary, revising their policies and procedures, program rules and documentation processes as needed.

f) Strategic Planning and Performance Improvement

- The organization must have a vision for the future, and the people you support have been involved in the development of that vision.
- 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, Recovery, relationship development).
- 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 and a recovery orientated and trauma informed system of care.
- Provider will have a written crisis response process plan which will describe what the response will be for homes that are experiencing crises such as assaultive behavior, property destruction,

consumer death, a traumatic event, etc.). The process should include not only the crisis response process but when and how to contact management for assistance and a process to debrief with staff and persons served following a crisis or traumatic event.

A.2.3 Additional Performance Dimensions Monitored By BABHA:

- a) Number of MDCIS critical licensing and/or specialized certification violations.
- b) Percentage of recipient rights complaints that are substantiated.

c) Infection Control Reporting:

Providers of personal care and community living supports services in licensed residential facilities are required to notify the Bay-Arenac Behavioral Health Nursing Team Leader or designee of all reportable infections as soon as possible, but not to exceed seven calendar days from the onset of the infection. This requirement includes infections of recipients of care and staff. MDHHS requires notification within 24 hours for several infectious diseases which are referenced in the BABHA Infection Control Action Plan.

Infection reports may be phoned in by calling 989-895-2292 or made via fax to 989-895-2888 using the Infection Surveillance and Control Reporting Form.

If there are no reportable infections for a calendar month, providers may fax the Infection Surveillance and Control Reporting Form or call indicating that there were no reportable infections at the end of the month. These reports are due no later than the fifth business day of the next month.