

STATEMENT OF WORK

Ancillary Services

Target Geographical Area for Implementation:

- Arenac County Bay County Other:

Consumer Populations to be Served:

- Adults with Serious Mental Illnesses Adults & Children with Developmental Disabilities Persons with Substance Use Disorders
 Children with Serious Emotional Disturbances 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	Unit Rate
1	PT Evaluation	97161 Low 97162 Mod 97163 High	Encounter	\$
2	PT Re-Evaluation	97164	Encounter	\$
3	Physical Therapy – Individual (PT or PTA) Occupational Therapy – Individual (OT)	97110, 97112, 97116, 97530 97542, S8990	15 minute	\$
4	PT Treatment Plan Monitoring – PT	H0032 TS	Encounter	\$
5	PT Treatment Plan Monitoring – PTA	H0032 TS	Encounter	\$
6	OT Evaluation	97165 Low 97166 Mod 97167 High	Encounter	\$
7	OT Re-Evaluation	97168	Encounter	\$
8	OT Treatment Plan Monitoring	H0032 TS	Encounter	\$
9	Speech & Language Evaluations: -Evaluation of speech fluency -Evaluation of speech sound production -Evaluation of speech sound production with evaluation of language comprehension & expression -Behavioral and qualitative analysis of voice and resonance	92521 92522 92523 92524	Encounter	\$

	-Evaluation of oral and pharyngeal swallowing Function	92610		
10	S & L Therapy – Individual S & L Treatment for Function of Swallowing	92507 92526	Encounter Encounter	\$ \$
11	Treatment Planning – Attendance at the PCP only (OT, PT, Speech)	H0032	Encounter	\$

Total estimated number of individual consumers to be served under this Agreement: estimated 25.

All codes require face to face with the person served to be reimbursable. Non face to face activities are considered indirect costs that are rolled into the rates (travel, documentation, coordination of care, phone calls, etc.). The Provider agrees to provide services via outreach as needed by the person served.

Service Definitions: According to the Michigan Medicaid Manual.

Other Insurance: If the beneficiary has another insurance plan (e.g. Medicare or commercial insurance) and the service is a covered benefit, the provider must follow the requirements of the other insurance plan(s), including but not limited to, prescription, prior authorization, and provider qualifications. Providers should refer to the Coordination of Benefits chapter for more information. Medicaid is not liable for payment of services denied because coverage rules of the primary health insurance were not followed.

Occupational Therapy

Evaluation	Therapy
<p>Physician/licensed physician assistant/family nurse practitioner/clinical nurse specialist prescribed activities provided by an occupational therapist licensed by the State of Michigan to determine the beneficiary's need for services and to recommend a course of treatment. An occupational therapy assistant may not complete evaluations.</p>	<p>It is anticipated that therapy will result in a functional improvement that is significant to the beneficiary's ability to perform daily living tasks appropriate to his chronological developmental or functional status. These functional improvements should be able to be achieved in a reasonable amount of time and should be durable (i.e., maintainable).</p> <p>Therapy to make changes in components of function that do not have an impact on the beneficiary's ability to perform age-appropriate tasks is not covered.</p> <p>Therapy must be skilled (requiring the skills, knowledge, and education of a licensed occupational therapist). Interventions that could be expected to be provided by another entity (e.g., teacher, registered nurse, licensed physical therapist, family member, or caregiver) would not be considered as a Medicaid cost under this coverage.</p> <p>Services must be prescribed by a physician/licensed physician assistant/family nurse practitioner/clinical nurse specialist and may be provided on an individual or group basis by an occupational therapist or occupational therapy assistant, licensed by the State of Michigan or by an occupational therapy aide who has received on-the-job training. The occupational therapist must supervise and monitor the assistant's performance with continuous assessment of the beneficiary's progress, but on-site supervision of an assistant is not required. An aide performing an occupational therapy service must be directly supervised by a qualified occupational therapist who is on site. All documentation by an occupational therapy assistant or aide must be reviewed and signed by the appropriately credentialed supervising occupational therapist.</p>

Source: Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 3 – Covered Services; subsection 3.19 Occupational Therapy.

Physical Therapy

Evaluation	Therapy
<p>Physician/licensed physician's assistant-prescribed activities provided by a physical therapist currently licensed by the State of Michigan to determine the beneficiary's need for services and to recommend a course of treatment. A physical therapy assistant may not complete an evaluation.</p>	<p>It is anticipated that therapy will result in a functional improvement that is significant to the beneficiary's ability to perform daily living tasks appropriate to his chronological, developmental or functional status.</p>
	<p>These functional improvements should be able to be achieved in a reasonable amount of time and should be durable (i.e., maintainable). Therapy to make changes in components of function that do not have an impact on the beneficiary's ability to perform age-appropriate tasks is not covered.</p>
	<p>Physical therapy must be skilled (it requires the skills, knowledge, and education of a licensed physical therapist). Interventions that could be expected to be provided by another entity (e.g., teacher, registered nurse, licensed occupational therapist, family member or caregiver) would not be considered as a Medicaid cost under this coverage.</p> <p>Services must be prescribed by a physician/licensed physician's assistant and may be provided on an individual or group basis by a physical therapist or a physical therapy assistant currently licensed by the State of Michigan, or a physical therapy aide who is receiving on-the-job training. The physical therapist must supervise and monitor the assistant's performance with continuous assessment of the beneficiary's progress. On-site supervision of an assistant is not required. An aide performing a physical therapy service must be directly supervised by a physical therapist that is on-site. All documentation by a physical therapy assistant or aide must be reviewed and signed by the appropriately credentialed supervising physical therapist.</p>

Source: Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 3 – Covered Services; subsection 3.23 Physical Therapy.

Speech, Hearing and Language

Evaluation	Therapy
<p>Activities provided by a licensed speech-language pathologist or licensed audiologist to determine the beneficiary's need for services and to recommend a course of treatment. A speech-language pathology assistant may not complete evaluations.</p>	<p>Diagnostic, screening, preventive, or corrective services provided on an individual or group basis, as appropriate, when referred by a physician (MD, DO).</p> <p>Therapy must be reasonable, medically necessary and anticipated to result in an improvement and/or elimination of the stated problem within a reasonable amount of time. An example of medically necessary therapy is when the treatment is required due to a recent change in the beneficiary's medical or functional status affecting speech, and the beneficiary would experience a reduction in medical or functional status were the therapy not provided.</p>

	<p>Speech therapy must be skilled (i.e., requires the skills, knowledge, and education of a licensed speech-language pathologist) to assess the beneficiary's speech/language function, develop a treatment program, and provide therapy. Interventions that could be expected to be provided by another entity (e.g., teacher, registered nurse, licensed physical therapist, licensed occupational therapist, family member, or caregiver) would not be considered as a Medicaid cost under this coverage.</p> <p>Services may be provided by a licensed speech-language pathologist or licensed audiologist or by a speech pathology or audiology candidate (i.e., in his clinical fellowship year or having completed all requirements but has not obtained a license). All documentation by the candidate must be reviewed and signed by the appropriately licensed supervising speech-language pathologist or audiologist.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Source: Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 3 – Covered Services; subsection 3.25 Speech, Hearing, and Language.

Prescription	<p>A written order for a service or item by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under Michigan law that contains all of the following:</p> <ul style="list-style-type: none"> ▪ Beneficiary's name; ▪ Prescribing practitioner's name, address and telephone number; ▪ Prescribing practitioner's signature (a stamped signature is not acceptable); ▪ The date the prescription was written; ▪ The specific service or item being prescribed; ▪ The expected start date of the order (if different from the prescription date); and ▪ The amount and length of time that the service or item is needed. <p>A verbal order from a physician or other licensed practitioner of the healing arts within their scope of practice may be used to initiate occupational therapy (OT), physical therapy (PT), or Speech, Hearing and Language services or to dispense medically necessary equipment or supplies when a delay would be medically contraindicated. The written prescription must be obtained within 14 days of the verbal order. The qualified therapist (OT, PT or Speech) responsible for furnishing or supervising the ordered service, supports coordinator or case manager must receive and document the date of the verbal order in the individual plan of service. Upon receipt of the signed prescription, it shall be verified with the verbal order and entered into the individual plan of service.</p>
---------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Source: Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 1 – General Information; subsection 1.7- Definition of Terms.

Other Conditions:

1. Documentation:

- a. Provider staff agree to use the Phoenix electronic health record. BABHA will provide training and technical support to Provider staff upon request.
- b. The Provider will use their own templates for Assessments, Treatment Plan, Progress Notes, etc. and will upload/scan them into the Phoenix system.
- c. **Evaluations** must be completed within 14 days of the initial referral. **Evaluations** should be completed prior to any scheduled PCP Meeting when possible.
- d. The **evaluation** will inform the treatment plan.

- e. The Provider will upload/scan the Treatment Plan into the Phoenix system for inclusion in the Person Centered Plan/IPOS by the Primary Case Holder.
- f. The Primary Case Holder at BABHA will authorize services based upon communication with and documentation received from the OT/PT/Speech Therapist.
- g. Re-Assessments are completed annually if the person is still in service prior to the PCP meeting.
- h. Provider will assure all staff providing services to the individual receives and documents education on the treatment plan.
- i. Provider staff will keep communications confidential either by using the Phoenix messaging system or using encrypted email.
- j. Services must be provided at the amount/scope/duration identified in the IPOS. A change in the amount/scope/duration of services require a request to the Primary Case Holder to create an addendum to the treatment plan.
- k. Missed appointments and cancellations may be documented through the Phoenix calendar **or in a Phoenix contact note.**
- l. Providers must complete a written **evaluation** 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. If OT/PT Assistants are used, they must meet Medicaid guidelines, they must be licensed in the State of Michigan, and there must be documentation of required supervision.
- m. All OT/PT/Speech professionals must meet training requirements outlined in the contract. Documentation must be maintained and available for audit.
- n. If OT/PT/Speech services are provided by another agency (e.g. school), there must be evidence of coordination between professionals in the record to avoid duplication of services.
- o. BABHA will not reimburse for services that fall under the responsibility of the school or health plan. Medicaid is the payor of last resort.
- p. The Provider will upload the clinical documents into the Phoenix system based on BABHA guidelines also posted on the BABHA website. Training will be provided by BABHA upon request.

2. Billing/Reimbursement:

- a. The Provider will submit all billings for services through the Phoenix Claims System.
- b. Claims questions should be addressed to Meera Mohan at BABHA at 989-497-1367 or mmo@babha.org.
- c. Contract questions should be directed to Stephanie Gunsell at 989-895-2351 or sgunsell@babha.org.
- d. Phoenix issues/questions should be directed to Lynn Meads at 989-497-1359 or lmeads@babha.org.
- e. The responsible Director of Integrated Care for this contract is Joelin Hahn and she can be reached at 989-497-1391 or jhahn@babh.org.

3. Referral Process:

- a. The primary case holder at BABHA will submit the referral form to their Clinical Supervisor at BABHA for review and approval. Evidence of their approval will be their signature on the referral form.
- b. If the referral is approved, the primary case holder will obtain the initial script from the person's physician (ensuring it includes all required Medicaid elements).
- c. The BABHA Supervisor or their designee will open a program assignment for the Provider in Phoenix.
- d. Referrals will be sent to the Provider via the Phoenix Messaging system. The initial script will be included with the referral. Subsequent scripts are the responsibility of the Provider. Failure to secure a script will make the service not reimbursable.
- e. Scripts will be scanned into the Phoenix record within 48 business hours of being received.
- f. **Post evaluation, the provider shall submit an "Authorization Request form" to the primary case holder.**

4. Outreach:

- a. Some individuals referred may reside in a residential setting and/or attend a skill building or supported employment setting. The Provider agrees to provide services in the person's home or program as the situation requires. Transportation costs are part of the indirect cost built into the rates.
- b. Persons residing in Arenac County will receive services in Arenac County.

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 **Occupational, Speech and Language and Physical Therapy Providers**:

A.1.1 Provider is required to utilize the Phoenix Electronic Medical Record (EMR) as dictated by BABHA policies and procedures (see details in Documentation section of the SOW).

A.1.2 In addition to the licensing, training and staffing requirements set forth in the Agreement, Provider will ensure that its staff is adequately trained to provide the Services specified in the Agreement and this Statement of Work (SOW) and in the consumer's Individual Plan of Service (IPOS) for which the Provider is responsible. Provider will make reasonable efforts to attend the consumer's PCP, when invited to do so.

A.1.3 Provider shall ensure that all staff receive training as delineated in Exhibit C of this Agreement.

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.1.4 A Provider providing services to children shall complete a Central Registry Check through MDHHS that shows the individual is not known to have been convicted of abuse or neglect of a child. This should be completed upon hire and every two (2) years.

A.1.5 Provider is encouraged to explore training opportunities related to "Culture of Gentleness" and "Recovery Principles" as they relate to our system transformation efforts towards the Quality Lives Initiative and a Recovery Oriented System of Care.

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.