Statement of Work:
Community Living Supports and Overnight Health & Safety Supports

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 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
Community Living Supports CLS Overnight non-waiver Serving 2 consumers CLS Overnight non-waiver	H2015 Add UJ modifier Add UN modifier Add UJ modifier	15 min unit	$
Overnight Health & Safety 1:1 for individuals on a waiver	T2027	15 min unit	$
Serving more than 1 consumer Modifiers and rates listed here apply to H2015 and T2027 unless otherwise specified above	Modifiers: UN – 2 consumers UP – 3 consumers UQ – 4 consumers UR – 5 consumers US – 6+ consumers		 $ $ $ $ $
Code for Indirect Time *To be used when CLS staff are assisting consumers during medical appointments. Time spent when CLS staff are in waiting room lobbies without the consumer present is ***not*** a reimbursable expense. As such, those costs are incorporated into the unit rate.	IND18	15 min unit	$

CLS rate(s) outlined above are inclusive of the State mandated $3.40/hour DCW increase (including an additional amount for taxes, fringes and administrative costs).

Service Definitions:

Community Living Supports (CLS) facilitate an individual's independence, productivity, and promote inclusion and participation. The supports can be provided in the beneficiary's residence (licensed facility, family home, own home or apartment) and 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 habilitation, Home Help Program, personal care in specialized residential setting, respite). The supports are:

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;
  - 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;
  - Leisure choice and participation in regular community activities (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.

- Transportation time is allowable from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence while CLS services are occurring and documented. Transportation time to and from medical appointments is not allowable as transportation is the responsibility of Medicaid through Medicaid Fee for Services (FFS) or the Medicaid Health Plan (MHP).

Community Living Supports for Children: Community Living Supports (CLS) provides assistance to a 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; skill development to achieve or maintain mobility, sensory-motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the child. The supports, as identified in the individual plan of services, are provided in the child's home and may be provided in community settings when integration into the community is an identified goal. These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplant services provided in school or other settings.

Overnight Health and Safety Support (OHSS) services are available for individuals on Home and Community Based Service (HCBS) waivers beginning October 1, 2020. To be eligible for OHSS and individual must:

- Be Medicaid eligible.

- Be enrolled in one of the following waiver programs: CWP, HSW or SEDW.
- Be living in a community-based setting (not in a hospital, Intermediate Care Facility for individuals with Intellectual disabilities (ICF/IDD), nursing facility, licensed Adult Foster Care home, correctional facility or child caring institution) and
- Require supervision overnight to ensure and maintain the health and safety of an individual living independently.

The need for OHSS must be established and reviewed through the person-centered planning process and meet medical necessity. The person-centered planning process should include the beneficiary's specific needs identified that outline health and safety concerns and a history of behavior or action that has placed the beneficiary at risk of obtaining or maintaining their independent living arrangement. The purpose of OHSS is to enhance the individual safety and independence with an awake provider to be present (physically on site) to oversee and be ready to respond to a beneficiary's unscheduled needs if they occur during the overnight hours they are typically asleep. For the purposes of this service, overnight includes the hours a beneficiary is typically asleep for no more than 12 hours in a 24-hour period. OHSS is intended to supplement other HCBS that are provided to the beneficiary as part of a comprehensive array of specialized waiver services to maintain living arrangements in the most integrated community settings appropriate for their needs. (MSA 20-04)

Coding: The OHSS code is T2027 and may be used with modifiers for providing the services in groups. The following modifiers have replaced the TT modifiers.

- UN- 2 individuals served
- UP- 3 individuals served
- UQ- 4 individuals served
- UR- 5 individuals served
- US- 6 individuals served

Documentation: OHSS must be documented separate from other services and must include start and stop time and outline the services provided. Consumers enrolled in CW, HSW or SEDW must report CLS/H2015 during the consumer's usual wake hours and OHSS/T2027, must be reported during the consumer's usual sleep hours. The medical necessity for the use of OHSS must be documented in the consumer's IPOS, with the focus of returning the consumer to bed. Providers do not have to switch between OHSS/T2027 and CLS/H2015 during the night to report when the consumer is asleep versus when they are awake and receiving face-to-face services from the staff. OHSS/T2027 may be reported during the entirety of the consumer's usual sleep hours.

Other Conditions:

1. Provider agrees to notify BABHA of all MDHHS Home Help hours received for individuals served under this contract, and to bill BABHA net of MDHHS Home Help amounts received. Provider further agrees to immediately notify BABH of any change in consumers' MDHHS Home Help hours, at which time the CLS rate may be recalculated.

2. Documentation requirements. When a consumer receives home help hours from MDHHS, the number of home help hours used must be documented and made available to BABHA for review. Either the daily progress notes must include the total number of home help hours applied for the day specified, or an alternative method must be used, such as a monthly calendar showing the home help hours used that month. The documentation of this information is required for Medicaid Event Verification. CLS services are Medicaid covered services and must be assessed to meet criteria for medical necessity. CLS services are assessed on an annual basis within the Person-Centered Planning process and identified in the Individual Plan of Service. Biopsychosocial Assessments, Level of Care Utilization System (LOCUS), Personal Care and CLS Assessment in Specialized Residential (3803), Level of Care Assessment for Community Living Support Services, CAFAS, Children's

Waiver Decision Guide Table, as well as the Person-Centered Planning process may determine the medical necessity for CLS services. The CLS Assessment will be completed by the primary case holder based on the needs identified in the Person Centered Planning process to assure that the service is clinically appropriate and meets the needs of the individual consistent with the person's diagnosis, functioning level and symptomatology. CLS services will be regularly evaluated, assessed, approved, authorized and monitored by the BABHA CLS Committee at least annually.

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.

4. Provider is required to adhere to MDHHS requirements for Electronic Visit Verification (EVV). The link to the HHAeXchange website is as follows: Michigan EVV (Electronic Visit Verification) | HHAeXchange. The link to the State of Michigan's website and information on EVV is as follows: Electronic Visit Verification.

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 CLS staff must meet the **Direct Support Professional (DSP)/Aide requirements -** Individual with specialized training, is able to perform basic first aid procedures; trained in the beneficiary's plan of service (i.e. training shall be provided by; the supports coordinator/case manager or other qualified staff that are responsible for monitoring the IPOS and are not providers of any other service to that individual and by each specialized professional within the scope of their practice, as appropriate), as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law.

All staff who work with individuals shall have, at a minimum, successfully completed the required training courses in **Exhibit C: 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. Continued no-shows may require a written corrective action plan be submitted by the Provider to BABHA.

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. Adequate supervision will be provided 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 In the event adequate staffing is no longer available to the individual being supported, the Provider shall notify BABHA case manager and the CLS Program Manager, as soon as possible, or within 24 hours of losing staff. The Provider will also make every effort to hire and train new staffing for the individual, within 14 days.

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 Manager 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. 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 and videos of persons served. Under no circumstance should photos or videos be posted on staff's social media accounts. Staff may, with the consumer's permission, assist the consumer in posting pictures to their own social media page.

A.1.13 **Behavioral aide specific:**

A.1.13.1 The Provider shall make every effort to provide a behavioral aide within twenty-one (21) days of receipt of a referral from BABH, that 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 under their care.

A.1.13.2 CLS behavioral aides providing services to BABHA consumers will meet the following criteria:

a) Must be at least 18 years old
b) Must have a minimum of a high school diploma; an Associates Degree in a human services field and experience working with children with emotional or behavioral problems is preferred.
c) Must possess a valid unrestricted Driver's License
d) Must have reliable car for transportation and auto insurance
e) Must clear the Central Registry check
f) Must not be convicted of any felonies or have any substance abuse problems
g) Successfully complete all required training within 90 days of hire (see A1.1 b)
h) Knowledge of mental illness or developmental disabilities is desired but not required
i) For provider staff serving individuals on SED Waiver, a TB test is required every three (3)years

A.1.13.3 Qualifications of the Provider's behavioral aide supervisor will meet the following criteria:

a) Must have a minimum of two years' experience in working with children and adults in a behavioral health setting.

b) Must exhibit exemplary communication, organization, delegation and decision-making skills, and a high level of empathetic listening and motivational skills.

A.1.13.4 Service Delivery requirements:

a) Behavioral aide services are to be provided in the consumer's home and/or in the community.

b) Program availability shall be 24 hours per day, 7 days per week.

c) Provider shall designate a single point of entry for referrals and coordination of services.

d) Behavioral aides shall demonstrate good judgment and will also demonstrate the ability to listen, communicate, set and maintain appropriate and consistent behavioral boundaries, and maintain supportive relationships.

e) Hours of service provided will be based on the consumer's needs and Person-Centered Plan (PCP). The CLS Assessment will be completed based on the needs identified in the PCP process and the CLS Committee will review, evaluate, assess, approve, authorize and monitor at least annually and more often if necessary.

f) Provider staff will be trained in the individual's PCP for goals applicable to behavior aides and evidence such by staff signature on the PCP (or PCP addendum).

g) The Provider is required to utilize the Phoenix Electronic Medical Record (EMR) as dictated by BABHA guidelines.

h) Behavioral aides shall adequately document services and interventions in daily progress notes. Progress notes will be entered into the EHR within 24 hours. Progress notes to include the following details:
   - Start and end time of the service
   - The activity or service or intervention provided
   - The result of the intervention
   - Any problems or incidents that might have occurred while the service is being delivered.

i) If there was an unusual incident, an incident report should be completed and contain the following:
   - Information on what precipitated the behavior
   - Description of the incident/behavior
   - Actions taken by the behavioral aide
   - Corrective measures taken to remedy/prevent the recurrence
   - Result of the intervention

j) The behavior aide should also collect data as specified in the consumer's person centered plan.

k) Provider shall assure the continuity of care for the consumer.
   - It is essential that behavior aides are consistently available to provide services as scheduled and as specified in the consumer's person centered plan.
   - Behavior aides that are not able to attend a scheduled shift should notify the child's parent at least 24 hours in advance except in case of an unexpected illness.
   - Three or more staff no shows within a calendar year will be viewed as an indication that a new behavior aide should be identified for the consumer.

l) Behavior aides will consult with the supervising CSM/SC or clinical specialist **at least once per month** to review this service, review the benefit of the service for the consumer and determine if the amount, scope or duration of the service needs to be adjusted. Any increases in service will require CLS Committee review, authorization and approval. This contact may occur at the consumer's home during a time the service is being provided and may include input from the consumer.

m) The Provider documents that a minimum of monthly clinical supervision with each aide occurs. Supervision may include training, case consultation, case reviews, topic based in-services, etc. Group supervision may occur as long as the supervision is structured and documented appropriately so that the content is clear.

n) Staff are required to obtain a release of information in order to take photographs and videos of persons served. Under no circumstance should photos or videos be posted on staff's social media 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. Provider responsible 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 lifestyle. 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
- Who visits them and when
- 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 goals of community inclusion and increased socialization are to focus on skill development. The CLS staff's job is to teach an individual skills necessary for participation in the community. CLS staff should not be taking individuals in the community just to take them on an activity. CLS staff shall not replace natural and/or community supports. 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.
- Provider will have adequate transportation for supported housing settings so that individuals can fully participate in community activities.
- Unannounced audits will occur.

d) 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. BABHA will provide materials and staff resources upon request by contacting Karen Amon at kamon@babha.org.

e) 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.

f) 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. At a minimum documentation must include the name and ID # of the individual receiving services, the dates and times of services, description of the service provided and noted progress or lack of, and the signature and date of the individual providing the service.
- More specific information may be required as needed to comply with Medicaid standards. Refer to the Lunch Billing Requirements and Transportation Time Billing Requirements for CLS, Skill Building and Supported Employment Services documents for guidance in these areas (**Exhibits D and E**).
- Documentation must be uploaded into Phoenix (electronic health record) by the 15th and 30th of each month.

g) Coordination of Care:

- Provider staff will be trained on and follow the Individual Plan of Service before starting services with the individual. Provider will ensure all documentation related to IPOS training is completed appropriately and in compliance with BABHA standards.
- 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.
- Provider to coordinate primary health care and ensure primary care physician is knowledgeable of beneficiaries needs.

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.