Statement of Work
Primary Behavioral Healthcare Services

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 render the Services listed and defined below to the consumer populations in the geographic areas identified herein.

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

Service Definitions:
Refer to most recent HCPC Code Book and Medicaid Provider Manual.

Exceptions: N/A

Other Conditions:

1. Individuals must be assessed initially and annually thereafter. The Provider is responsible to assure that documentation of the clinical results of the assessment substantiate that the individual meets eligibility for ***specialty mental health*** services and that services provided are medically necessary.
2. Medically necessary **specialty mental health** services and supports must be identified in the annual assessment and authorized using the Person Center Planning (PCP) process to develop the Individual Plan of Service (IPOS).

3. The Person Center Planning process must occur at least annually and may occur as requested by the individual served and/or if there are significant changes in the level of care/needs of the individual served.

4. A valid Individual Plan of Service must be developed and amended as needed to reflect all medically necessary specialty mental health services and supports to be authorized. The plan will automatically lapse after one (1) year. All authorizations are null and void if the IPOS effective date has lapsed.

5. The Provider shall utilize MDHHS-required standardized assessment tools, including the Level Of Care Utilization System (LOCUS) for adult diagnosed with a Serious Mental Illness (SMI); MichiCANs assessment for all children receiving services; DECA for children under the age of 6; and the World Health Organization Disability Assessment Schedule (WHODAS) (pending MDHHS implementation) assessment for adults with Intellectual and/or developmental disabilities as described in BABHA policy and procedure and in the Michigan Medicaid Provider Manual.

6. Provider is encouraged to transition from individual therapy to a group modality where appropriate.

7. DBT Service Contracts:
    a. DBT providers must provide evidence of being a certified DBT program.
    b. DBT providers may invoice BABH for on-call services monthly. DBT on-call invoices should be submitted to Joelin Hahn.

8. Authorization limits for adult Targeted Case Management are as follows:

    T1017 96 max per year – ***Additional units may be requested/authorized with clinical justification***

9. All Physical, Occupational, and Speech Therapy Services require a script from a physician (within their scope of practice) prior to the service being provided. Before authorization of such services, the Primary Case Holder /Provider will ensure that there is a current script entered into the individual plan of service.

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 **Primary Behavioral Healthcare Providers**:

A.1.1 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 MDHHS curriculum and are approved in writing by BABHA.

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 Staff members, including psychiatrists, who are designated as Child Mental Health Professionals (as defined under the Children's Diagnostic and Treatment Designation) must meet the requirements for that designation, including documented participation in twenty-four (24) clock hours of child/family focused training each calendar year, as well as other core child mental health-specific training. This training may be a mix of CEU/CME credits and self-directed study. All trainings focused on children/adolescents that is consistent with the scope of practice will count toward the required total. Provider must maintain a database of training hours for all designated staff. The database will be provided to staff of BABHA upon request.

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 Documentation:

a) Provider is required to utilize the Phoenix Electronic Health Record (EHR) as dictated by BABHA guidelines. At a minimum Providers must complete the following sections of Phoenix:
    a. Consumer Information
    b. BH-TEDS
    c. For intake assessments, the appointment calendar
    d. Ability to Pay Agreement
    e. Insurance Policies/ Funding Sources
    f. Clinical Assessment
    g. Functional assessment scales/surveys and scores, including the DD Proxy Measures, MichiCANs, DECA, WHODAS, LOCUS and RAS, as relevant to the population
    h. Plan of Service, including Pre-Plan and Addendums
    i. Reviews of Progress
    j. Consent to Treat, Authorizations to Release Information and Acknowledgement of Receipt
    k. Health Care Coordination of Care letters
    l. Discharge Summary
    m. Adverse Benefit Determination Notices
    n. Death Reports
    o. Progress notes (to the extent possible)
b) Initial Assessments must be completed by a master's level clinician within 14 days of the initial referral.
c) The assessment will inform the treatment plan and must be completed prior to any scheduled PCP meeting.
d) Person Centered Planning (PCP) must be conducted with each individual served to create the Individual Plan of Service (IPOS) within 45 days of the on-set of services.
e) Follow BABHA Policies and Procedures regarding Person Centered Planning and Treatment Planning and Monitoring.
f) If the Provider is the primary case holder, all services provided to the individual must be reflected in the IPOS.
g) Responsible for ensuring others involved in the care and treatment of the individual served are trained on the IPOS prior to implementation and to monitor all services identified in the IPOS.
h) Responsible to ensure the IPOS is updated annually and that there is no lapse in treatment authorization(s).
i) Re-Assessments are completed annually if the person is still in service prior to the PCP meeting.
j) Progress Notes must be completed within one (1) business day of service provision.
k) Provider staff will keep communications confidential either by using the Phoenix messaging system or using encrypted email.
l) Ability to Pay Agreement must be completed upon intake and reviewed at least annually or if there is a change in financial status, a major life event or a significant change that would alter the responsible party's ability to pay, as required by the Mental Health Code.

A.1.6 Access Standards and Treatment Timelines.

A.1.6.1 The Provider will make best efforts to accommodate urgent requests for service from new patients entering the system during business hours at the outpatient level of care. Consumers identified as needing an urgent referral must be seen within three (3) business days.

A.1.6.2 The Provider agrees to provide a face-to-face assessment with a professional within fourteen (14) calendar days of a non-urgent request for service.

A.1.6.3 The Provider agrees to begin providing needed on-going service within fourteen (14) days of a non-urgent assessment with a professional.

A.1.8 Advance Directives**.**

A.1.8.1 Provider is responsible for ensuring that all Medicaid Advance Directive requirements are met, including, without limitation: (i) documentation of advance directive execution in the medical record; (ii) education of staff regarding advance directive requirements; and (iii) providing consumers with written information regarding advance directives and applicable state law;

A.1.8.2 Provider must maintain written policies and procedures for advance directives in compliance with 42 CFR 422.128 and BABHA policies and procedures for same. Provider must provide a copy of its policy to adult enrollees.

A.2. Credentialing and Privileging.

A.2.1 Credentialing and Re-Credentialing Requirements are delineated in Exhibit D of this Agreement;

A.2.2 Individual Practitioners must request and be assigned clinical responsibilities by BABHA;

A.2.3 Provider and BABHA will work together to define clinical responsibilities;

A.2.4 Provider must follow the credentialing and privileging policies and procedures of BABHA, including, without limitation, C7-S01-T13, Credentialing and Privileging of Individual Practitioners;

A.2.5 Individual Practitioners are prohibited from providing services to consumers of BABHA until clinical privileges have been granted;

A.2.6 For physician services, if the Provider's Individual Practitioner designates an outside Individual Practitioner to cover his/her absence, and coverage exceeds over 13 consecutive days or 72 consecutive hours, the Provider's covering physician must be credentialed and privileged by BABHA prior to providing the coverage;

A.2.7 Provider shall notify BABHA of any and all changes related to staffing or status of Provider's Individual Practitioner(s) prior to the Individual Practitioner providing services to BABHA consumers.

A.2.8 Credentialing and Privileging (CARF accredited only).

A.2.8.1 If Provider has been accredited by the Commission on Accreditation of Rehabilitation Facilities ("CARF"), then Provider shall have its own credentialing policies and procedures consistent with applicable BABHA policies and procedures and CARF requirements. Provider shall ensure that it conforms to CARF standards that are applicable to the Services rendered. Additionally, Provider shall: (i) define its clinical responsibilities in writing; (ii) ensure that all Services provided by individuals who are LIPs will be within the scope of his or her clinical responsibilities; and (iii) have written evidence available for review by BABHA.

A.2.8.2 Licensed physicians and psychologists of the Provider organization must be privileged (only) by BABHA using the following policy and procedure:
C07-S01-T13 – Credentialing and Privileging of Individual Practitioners;

A.2.8.3 If the Provider's Individual Practitioner designates an outside Individual Practitioner to cover his/her absence, and coverage exceeds over 13 consecutive days or 72 consecutive hours, the Provider's covering physician must be credentialed by the Provider and privileged by BABHA prior to providing the coverage.

A.2.8.4 Provider shall notify BABHA of any and all changes related to staffing or status of Provider's Individual Practitioner(s) prior to the Individual Practitioner providing services to BABHA consumers.

A.2.8.5 BABHA shall review and assess the performance of all contract personnel on an annual basis.

A.3 Performance Requirements and Indicators

A.3.1 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.

A.3.2 Recovery Oriented Systems:

BABHA and its Provider Network will ensure recovery oriented care for all individuals served. Clinical practices and supports for individuals and their families must project hope, communicate the expectation of recovery, and empower people to exercise choice and control over their lives. Services must be provided following the four major dimensions and ten guiding principles will be the central elements for treatment and supports provided throughout the BABHA system of care. Providers will seek to increase knowledge and participate in ongoing training to assure competency and understanding of a recovery oriented system of care. Providers will promote and monitor the use of effective practices that assist in recovery including but not limited to; services provided by peer advocates and specialists, wellness, recovery and relapse prevention plans, strength based recovery oriented treatment plans, transition and discharge planning at the onset of treatment, as well as encouraging crisis planning, and psychiatric advance directives. All service providers will develop a formalized and implement an ongoing system to monitor clinical practices, services and supports, and will strive to promote consumer empowerment, self-determination, peer support and a recovery oriented system of care. (Policy C04-S05-T06 and Substance Abuse and Mental Health Services, SAMHSA.)

A.3.3 Trauma Informed Services:

BABHA and its Provider Network will ensure a Trauma-Informed System of Care is provided for all individuals served. All providers will ensure that their staff understand the prevalence of trauma and the impact that trauma plays in the lives of people seeking mental health and addiction services as well as the staff that support them. A Trauma-Informed System of Care uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent re-traumatization and will facilitate the person's participation in treatment. An organizational assessment will be completed every three years to evaluate the level of trauma sensitivity within the agency. Initial and ongoing educational opportunities for staff training will be provided on the principles of trauma informed care. BABHA and its Provider Network will utilize appropriate screening and assessment tools for trauma for all populations served and will implement Evidence Based Treatment as clinically appropriate. BABHA and its Provider Network will develop policies, procedures and practices to address secondary trauma stress for the staff who work with individuals with trauma. BABHA and the Provider Network will collaborate with community organizations, agencies and coalitions to support the development of a trauma informed community that promotes healthy environments for all individuals. (Policy C04-S05-S07 and the DHHS/CMHPS Medicaid Contract Amendment 2)

A.3.4 Performance Indicators:

Dimension 1: Access

a. The percentage of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.

b. The percentage of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional.

c. The number of discharges from a psychiatric inpatient unit who are seen for follow up care within 7 days. (Standard = 95%)

d. Percentage of face to face assessments with professionals that result in decisions to deny CMHSP services.

Dimension 2: Quality (Satisfaction and Outcomes)

a. The percentage of children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge (15% or less within 30 days)

b. Consumer functioning improvements as measured by a BABHA or MDHHS mandated tool or measure [See "Outcomes Measurement" section of this report]

c. Consumer Satisfaction

d. Substantiated recipient rights complaints

e. #/Proportion of substantiated grievances and appeals/filed

f. 95% of all cases show evidence of coordination or attempts to coordinate with primary care physician

g. Outcome data specific to Evidence Based Practices