

STATEMENT OF WORK

Specialty Services - Therapeutic Activities Art Therapy, Music Therapy, or Recreational Therapy

Target Geographical Area for Implementation: Arenac County Bay County Other:

Consumer Populations to be Served:

- | | |
|--|---|
| <input type="checkbox"/> Adults with Serious Mental Illnesses | <input type="checkbox"/> Adults with Intellectual/Developmental Disabilities |
| <input checked="" type="checkbox"/> Children with Serious Emotional Disturbances | <input checked="" type="checkbox"/> Children with Intellectual/Developmental Disabilities |
| <input type="checkbox"/> Substance Use Disorders | <input type="checkbox"/> 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	HCPCS Code	Unit Type	Unit Rate
1	Activity Therapy (music, recreation or art), per session, 45 minutes or more	G0176	Encounter	\$

Reporting Unit Threshold:

Serious Emotional Disturbances Waiver (SEDW)	12 sessions per month maximum
Child Waiver Program (CWP)	4 sessions per month/per type

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:

Face-to-Face: Face-to-face refers to either an in-person visit or a visit performed via simultaneous audio/visual technology.

Specialty Service-Therapeutic Activities: A therapeutic activity is an alternative service that can be used in lieu of, or in combination with, traditional professional therapy model included in Medicaid. The focus of therapeutic activities is to interact with the child to accomplish the goals identified in the Plan of Services (POS). The POS ensures the child's health, safety and skill development and maintains the child in the community. Services must be directly related to an identified goal in the POS.

- SED-W: Therapeutic Activities: Providers are identified through the wraparound planning process and participate in the development of a POS based on strengths, needs, and preferences of the child and family.
- CWP: Specialty Services: Services must be directly related to an identified goal in the individual plan of service and approved by the physician.
- Specialty Service-Therapeutic Activities may include the following: child and family training, coaching and supervision of staff, monitoring of progress related to goals and objectives, and recommending changes to the POS.

The training, coaching, supervision, and monitoring activities provided under this service are specific to music, art, and recreation therapy and service provider must meet CMHSP provider qualifications, including appropriate licensure/certification listed below.

Recreation Therapy	Must be provided by a Certified Therapeutic Recreation Specialist credentialed by the National Council for Therapeutic Recreation Certification (NCTRC).
Music Therapy	Must be provided by a Music Therapist - Board Certified (MT-BC) or by a music therapist listed on the National Music Therapy Registry (NMTR).
Art Therapy	Must be provided by a Registered Art Therapist - Board Certified (ATR-BC).

Service Definition Source(s):

1. **Face-to-Face Source:** Medicaid Provider Manual; Telemedicine; Section 1 – General Telemedicine Policy; subsection 1.10 Face-To-Face Definition

2. **SED-W Source:** *Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services; Children with Serious Emotional Disturbances Home and Community-Based Services Waiver (SED-W) Appendix; Section 2 – Covered Services; subsection 2.9 Therapeutic Activities*
3. **CWP Source:** *Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 14 - Children's Home and Community-Based Services Waiver (CWP); sub-section 14.3.K. Specialty Services*

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. Progress Notes must be uploaded to the Phoenix system within 24 hours of the provided service.
- d. If required, the assessments must be completed within 14 days of the initial referral. The assessment will inform the treatment plan; therefore, the assessment must be completed prior to any scheduled PCP Meeting.
- e. If required, the Provider will upload/scan their Treatment Plan into the Phoenix system for inclusion in the Person-Centered Plan/IPOS by the Primary Case Holder.

2. Authorizations:

- a. The Primary Case Holder will authorize services based upon communication with and documentation received from the Provider.
- b. Authorizations are located within the individual chart in the Phoenix electronic health record.
- c. Services must be provided at the amount/scope/duration identified in the IPOS. A change in the amount/scope/duration of services requires a request to the Primary Case Holder to create an addendum to the treatment plan.
- d. Services should not be rendered without a valid authorization in the chart.
- e. The Primary Case Holder will assure all staff providing services to the individual receives education on the Individual Plan of Service/treatment plan.

3. Miscellaneous:

- a. Provider staff will keep communications confidential either by using the Phoenix messaging system or using encrypted email.
- b. Missed appointments and cancellations may be documented and uploaded to the Phoenix chart.
- c. All Therapeutic Activities professionals must meet training requirements outlined in the contract. Documentation must be maintained and available for audit.
- d. BABHA will not reimburse for services that fall under the responsibility of the school or health plan. Medicaid is the payor of last resort.

4. 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 mmeera@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.

5. Referral Process:

- a. The Primary Case holder 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. If applicable, 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.

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 **Art Therapy, Music Therapy, or Recreational Therapy Providers**:

A.1.1 Provider is required to utilize the Phoenix Electronic Health Record (EHR) 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 annually thereafter.

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.