

Community Mental Health

FOR CENTRAL MICHIGAN

301 South Crapo Street
Suite 100
Mt. Pleasant, MI 48858
(989) 772-5938 Voice
(989) 773-1968 Fax
Michigan Relay Center 711

September 20, 2024

Dear Provider:

Enclosed please find a copy of the FY25 Contract with Community Mental Health for Central Michigan for the period **October 1, 2024 through September 30, 2025**.

Please review and note language changes in the attached MSHN change log.

We are pleased to announce a legislatively approved \$0.20/hour DCW pass through and 12% for costs inclusive of federal and state taxes and mandated benefit costs to eligible services codes. The revised rates are referenced within the contract.

Please remember that re-credentialing of all provider organizations is required for the upcoming fiscal year. If you have not yet completed your re-credentialing application, please do so via the MSHN Regional Application, checking the CMHCM box for your application to be sent directly to our agency for processing, or send to Amanda Shanabrook at ashanabrook@cmhcm.org.

Please review the contract and provide an authorizing signature. If signed via Adobe Sign you may download one copy for your records and CMHCM will do the same. If you would prefer to sign via ink, please sign and return the signed copy to our offices at 301 South Crapo, Suite 100, Mt. Pleasant, MI 48858 by **September 24, 2024**.

Should you have any questions, you may contact Amanda Shanabrook or myself at (989) 772-5930.

Sincerely,

April Higgins
Provider Network Manager
ahiggins@cmhcm.org
(989) 772-5930, ext. 1437



Serving Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties

ABA Contract - FY25 Provider Feedback/Change Log

Changes throughout – grammatical, punctuation, consistent use of PAYOR, CONSUMER, etc.

Index/Contents (Pg. 2)

- Added reference to ABA Authorization Form
- Updated page numbers – in final draft

3. Term and Termination (Pg. 5-6)

- g. Added language related to secondary EOB receipt

15. Liability Insurance (Pg. 10-13)

- iv. Updated liability insurance limits based on regional consensus
- Added qualifying language to “Additional Insured”

18. Debarment, Suspension & Exclusion (Pg. 14-15)

- vi. Added notification requirement clarification

19. Licenses, Certifications, Credentialing and Privileging Requirements (Pg. 15-16)

- c. Added clarifying language re required background checks and notifications per MDHHS

21. Recipient Rights (Pg. 17-19)

21.b – Removed reference to other CMHSP policies

21.o – Added “Recipient Rights” to allowed access; Removed last sentence in section and made it its own section (21.p)

23. Consumer Medical Records (Pg. 19-20)

- a. Added language for clarification; Updated link to MDHHS’ website for retention schedule

28. Notices (Pg. 22)

- a. Added language for clarification
- c. Added language for clarification

Attachment A: Statement of Work (Pg. 26-33)

- II.a. Updated language creating bullets for ease
- III. Deleted reference to COVID-19 Policy, MMP 23-10
- III.c. Updated language with reference to MDHHS code chart
- III.d. Updated language with reference to MDHHS code chart
- III.e. Removed POST COVID language and reference to MMP 23-10



Attachment A: Statement of Work (Pg. 26-33); Cont'd

- III.g. Added language for clarification
- III.h. Added references for clarifying
- III.i. Added MPPM reference for clarification

Attachment B: Service Codes and Rates: (Pg. 34-35)

- Added link to Telemedicine chart

Attachment C: Reporting Requirements (Pg. 36-37)

- Updated based on required checks to be done and identified frequency

Attachment D: ABA Authorization Form (Pg. 38)

- No change

Date:	Action:	Outcome:
2.14.24	RR Workgroup	Suggested edits
4.19.24	ABA Workgroup	Suggested edits
5.31.24	Provider Review Feedback due	Reviewed boilerplate and attachments
6.27.24/7.1.24	PNMC Review	Approved with changes
	Operations Council Review	
	Release to Network	

Fiscal Year 2025 Contractual Agreement

BETWEEN

COMMUNITY MENTAL HEALTH FOR CENTRAL MICHIGAN

AND

CENTRIA HEALTHCARE, LLC

For the purpose of:
Applied Behavioral Analysis

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Attachment F – Autism PROVIDER Staff Credentials Verification Error! Bookmark not defined.

Attachment G – Recipient Rights Policies & AttestationError! Bookmark not defined.

Attachment H - Glossary & Definitions.....42

Attachment I – Disclosure of Ownership, Controlling Interest, and Criminal Convictions.....Error! Bookmark not defined.

Attachment J - BAA.....Error! Bookmark not defined.

FY20XX AGREEMENT FOR APPLIED BEHAVIORAL ANALYSIS

THIS AGREEMENT FOR PROVIDER SERVICES (this “Agreement”) is made and entered into on this 1st day of October, **2024**, by and between COMMUNITY MENTAL HEALTH FOR CENTRAL MICHIGAN whose administrative office address is 301 S. Crapo Street, Suite 100, Mt. Pleasant, MI 48858 (hereinafter referred to as the “PAYOR” or “CMHSP,” and CENTRIA HEALTHCARE, LLC whose business address is 27777 Inkster Rd., Suite 100, Farmington Hills, MI 48334-5326 (hereinafter referred to as the “PROVIDER”).

Whereas, the CMHSP was established by the Board(s) of Commissioners of the applicable County(ies) pursuant to Act 258 of the Public Acts of 1974, as amended (referred to as the "Mental Health Code");

Whereas, under Section 204(b)(1) of Act 258 of the Public Acts of 1974, as amended, MCL 330.1001 *et seq.*, (referred to as the "Mental Health Code"), Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, and Tuscola Counties entered into a Regional Entity arrangement for the purpose of the preparation, submission, and implementation of an Application for Participation to the MDHHS for a Medicaid Prepaid Inpatient Health Plan (PIHP); and

Whereas, pursuant to the Bylaws dated June 13, 2013, established under Section 204(b) of the Mental Health Code, the Regional Entity is known as the Mid-State Health Network (MSHN) and is designated by the CMHSPs as constituted under the Mental Health Code, to be the Medicaid PIHP; and

Whereas, the MDHHS approved the 2013 Application for Participation and MSHN as the PIHP to contractually manage the Specialty Services Waiver Program(s) and the Supports Waiver Program(s) approved by the federal government and implemented concurrently by the State of Michigan in the designated services area of the Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, and Tuscola Counties (the “Service Area”) and the MDHHS entered into, effective January 1, 2014, a MDHHS/PIHP Managed Specialty Supports and Services Contract (referred to as the “MDHHS/PIHP Master Contract for Medicaid Funds”) with MSHN for the provision of Medicaid mental health and substance abuse services and supports; and

Whereas, MSHN entered into, effective January 1, 2014, a PIHP/CMHSP Medicaid Subcontracting Agreement with the CMHSP whereby the PIHP subcontracts to the CMHSP, as a Specialty Services PROVIDER, to provide the Medicaid mental health specialty supports and services to Medicaid eligible within the CMHSP’s specific County in said PIHP Medicaid services area; and

Whereas, under the authority granted by Section 116 (2)(b) and 3(e) and Section 228 of the Mental Health Code, the Michigan Department of Health and Human Services (referred to as the "MDHHS") entered

into, effective October 1, 2019, a MDHHS/CMHSP Managed Mental Health Supports and Services Contract for General Funds (referred to as the "MDHHS/CMHSP Master Contract for General Funds") with the CMHSP of the applicable County; and

Whereas, given all of the above, the CMHSP, at its discretion, has the right to direct-operate and/or contract for supports and services to persons who meet the supports/services eligibility criteria in the service area of the applicable county. The PAYOR's service area for the purposes hereunder is **Clare, Gladwin, Isabella, Mecosta, Midland and Osceola** Counties; and

Whereas, CMHSP is, from time to time, in need of Applied Behavioral Analysis services, under a contractual arrangement, from a qualified, licensed facility for an eligible person who meets the supports/services eligibility criteria; and

Whereas, PROVIDER desires to render certain services more specifically set forth and pursuant to the terms and conditions of this Agreement in the **Statement of Work**, attached as Attachment A to this agreement and made a part hereof.

Now, therefore, in consideration of the above and in consideration of the mutual covenants contained, it is agreed by the PAYOR and the PROVIDER as follows:

CONTRACTUAL PROVISIONS

1. Authority

- a. This Agreement is entered into pursuant to the authority granted to the PAYOR listed under the Mental Health Code. This Agreement is in accordance with the rules, regulations, and standards (referred to as the "MDHHS Administrative Rules") of the MDHHS adopted and promulgated in accordance with the Mental Health Code.
- b. This Agreement is in accordance with the requirements of the Balanced Budget Act of 1997 (BBA), as amended, and BBA final rules, regulations, and standards, and with the requirements of the applicable State and Federal programs. This Agreement is in accordance with the standards as contained in the aforementioned Application for Participation (AFP) as they pertain to the provisions of specialty services to Medicaid eligible, and the plans of correction and subsequent plans of correction submitted by the PIHP and approved by the MDHHS, and any stated conditions, as reflected in the MDHHS approval of the application, unless prohibited by federal or State law.
- c. The Mental Health Code, the MDHHS Rules, the MDHHS/CMHSP Master Contract for General Funds, and the MDHHS/PIHP Master Contract for Medicaid Funds, the PIHP/CMHSP Medicaid Subcontracting agreement, and applicable State and federal laws shall govern the expenditure of funds and provisions of services hereunder and govern in any area not specifically covered by this Agreement.

2. PROVIDER'S SERVICES AND RESPONSIBILITIES

- a. The PROVIDER shall perform services hereunder at PAYOR-authorized service sites during this Agreement. The PROVIDER may have access to the PAYOR's service site(s) and temporary service space therein, if approved by the PAYOR's CEO, or CEO's designee, in order to perform services hereunder. The PROVIDER shall furnish and utilize the PROVIDER's own equipment, tools, materials, and supplies that the PROVIDER deems necessary to perform

the supports/services hereunder. Provider shall not offer hours of operation that are less than the hours of operation offered to commercial members or not comparable to Medicaid fee-for-service (FFS), if the provider serves only Medicaid members.

- b. The PROVIDER shall exercise independent control over the PROVIDER's services rendered under this Agreement, including the manner or methods of services, service duties or tasks, and the professional procedures thereof.
- c. The PROVIDER shall provide the services hereunder in keeping with final results of services, deadlines for final results of services, and applicable schedules of services, as authorized by the PAYOR's CEO or the CEO's designated representative.
- d. The scheduling and amounts of service units which the PROVIDER shall render hereunder shall be flexible during the period of this Agreement and shall be subject to case-to-case assessments by the PAYOR's CEO or the CEO's designated representative on the need of the PROVIDER's services for the CONSUMERS(s) and their extent and the service scheduling requirements thereof. The PROVIDER is not guaranteed under this Agreement a minimum number of CONSUMER cases, CONSUMER appointments, or CONSUMERS to be served. The PAYOR does not guarantee to the PROVIDER hereunder either the scheduling of or the performing of a minimum amount of service units and/or hours of contractual services daily, weekly, monthly, or annually during the period of this Agreement.
- e. Services performed by the PROVIDER for a CONSUMER under this Agreement must be in direct accordance with the written Individual Plan of Services of said CONSUMER as developed through a person-centered planning process in a PAYOR-authorized supports/services planning meeting.
- f. The PROVIDER shall complete services and documentation and records thereof that meet the PAYOR's requirements hereunder for reimbursement by the PAYOR. The PROVIDER's services and documentation/records thereof shall comply with the standards of the PAYOR, the MDHHS, an applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third party reimbursors. The PROVIDER shall maintain complete and accurate records of all services provided under this Agreement in such form and submit them to the PAYOR at such time as may be required by the PAYOR's CEO or the CEO's designated representative(s).
- g. The PROVIDER's designated representative(s) shall, from time to time, as may be required, meet with the designated representative(s) of the PAYOR's CEO to discuss the CONSUMER(s) being served and/or the services required under this Agreement. The PROVIDER shall not be responsible for supervising any employees of the PAYOR or any work of any employees of the PAYOR pursuant to this Agreement.

3. Term and Termination

- a. **Term:** The initial term of this Agreement shall be for fiscal year 2025 (FY25) and shall begin on 10/01/2024 and shall expire on 09/30/2025, unless earlier terminated as set forth herein. Following expiration of the initial term, this Agreement shall automatically renew for up to two successive twelve (12) month periods under the same terms and conditions as herein contained effective October 1st of each year. The PROVIDER shall have the opportunity to review the initial agreed upon rate with the PAYOR on an annual basis, but agrees that if any change to the rate is not agreed to and fully executed before September 30 of each year, the rate then currently in

effect shall remain unchanged.

- b. **Termination without Cause: Any party to this agreement** may terminate this Agreement at any time without cause by providing sixty (60) days' prior written notice to the PROVIDER or PAYOR, as applicable. The PROVIDER must make a good faith effort to give written notice of termination of a contracted service to each member who received his/her primary care from, or was seen regularly by, the terminating providers program, including the PAYOR. Notice to the member must be provided by the later of thirty (30) calendar days prior to the effective date of termination, or fifteen (15) calendar days after receipt or issuance of the termination notice.
- c. **Termination with Cause:** Any material breach of this Agreement may result in the non-breaching party's immediate termination of this Agreement, with said termination effective as of the date of delivery of written notification from the non-breaching party to the breaching party. The termination of this Agreement shall not be deemed to be a waiver by the non-breaching party of any other remedies it may have in law or in equity
- d. **Continuity of Care upon Termination of Agreement:** PROVIDER shall continue to render services consistent with the terms and conditions of this Agreement during any notice period and shall complete all CONSUMER documentation prior to the effective date of termination. PROVIDER will assure CONSUMER treatment and care continues regardless of the reason for termination of this Agreement. PROVIDER duties and responsibilities for CONSUMER care and treatment shall survive termination or expiration of this Agreement, regardless of cause, until such time as a mutually agreeable transfer plan for any CONSUMERS is finalized between PAYOR and PROVIDER.
- e. This Agreement shall terminate effective immediately upon the revocation, restriction, suspension, discontinuation or loss of any certification, accreditation, or authorization, or license required by federal, state and local laws, ordinances, rules and regulations for the PROVIDER to operate and/or to provide Medicaid and/or non-Medicaid programs and supports/services for the PAYOR in the State of Michigan, with said termination to be effective as of the date of delivery of written notice to the PROVIDER.
- f. This Agreement shall terminate effective immediately upon receipt of notice and/or discovery by the PAYOR of any failure of the PROVIDER to meet the requirements hereunder of solvency and of continuing as a going business concern or if the PROVIDER generally fails to pay its debts as they become due.
- g. Upon any termination of this Agreement, the PROVIDER shall supply the PAYOR with all information necessary for the reimbursement of any outstanding Medicaid claims, Medicare claims or third party reimbursement claims within thirty (30) days, or within 30 days of secondary Explanation of Benefits (EOB) receipt.
- h. The PROVIDER agrees, in the event of termination of this Agreement and non-renewal, to cooperate with the PAYOR in the orderly transfer of the CONSUMER, records, property, programs and services, and other items material hereunder to the PAYOR and/or other contractors of the PAYOR, as applicable.

4. Funding

- a. This Agreement is contingent upon receipt by PAYOR of sufficient federal, state and local funds, upon the terms and conditions of such funding as appropriated, authorized and amended, upon continuation of such funding, and collections of CONSUMER fees and third party

reimbursements, as applicable. In the event that circumstances occur that are not reasonably foreseeable, or are beyond the control of the PAYOR, that reduce or otherwise interfere with its ability to provide or maintain specified services or operational procedures for its service area, the PAYOR shall provide immediate notice to the PROVIDER if it would result in any reduction of the funding upon which this Agreement is contingent. The PAYOR shall not refer CONSUMERS to the PROVIDER, without concurrence of the PROVIDER, for treatment hereunder if any such reduction in funding would not enable the PAYOR to meet its financial obligations hereunder for payments to the PROVIDER for such services, as applicable.

5. Relationship of the Parties

- a. In performing its responsibilities under this Agreement, it is expressly understood and agreed that the PROVIDER's relationship to the PAYOR is that of an independent contractor. This Agreement shall not be construed to establish any principal/agent relationship between the PAYOR and the PROVIDER.
- b. It is expressly understood and agreed by the PROVIDER that the MDHHS and the State of Michigan are not parties to, nor responsible for any payments under this Agreement and that neither the MDHHS nor the State of Michigan is party to any employer/employee relationship of the PROVIDER.
- c. It is expressly understood and agreed by the PROVIDER that its officers, employees, servants and agents and subcontractors providing services pursuant to this Agreement shall not in any way be deemed to be or hold themselves out as the employees, servants or agents of the PAYOR. The PROVIDER's officers, employees, servants, subcontractors and agents shall not be entitled to any fringe benefits from the PAYOR such as, but not limited to, health and accident insurance, life insurance, longevity, economic increases, or paid vacation and sick leave.
- d. The PROVIDER shall be responsible for paying all salaries, wages, or other compensation due its staff psychiatrists, employees, servants, agents and subcontractors performing services under this Agreement, and for the withholding and payment of all applicable taxes, including, but not limited to, income and social security taxes, to the proper federal, state and local governments. The PROVIDER shall carry worker's compensation coverage and unemployment insurance coverage for its staff psychiatrists and other employees and agents as required by law and shall require the same of its subcontractors and shall provide the PAYOR with proof of said coverage. PROVIDER will be solely and entirely responsible for its acts and the acts of its agents, employees, servants, and sub-contractors.

6. Relationships with Other Contractors of the PAYOR

- a. The relationship of the PROVIDER, pursuant to this Agreement, with other contractors of the PAYOR shall be that of independent contractor. The PROVIDER, in performing its duties and responsibilities under this Agreement, shall fully cooperate with the other contractors of the PAYOR. The PAYOR's requirements of such cooperation shall not interfere with the PROVIDER's performance of services required under this Agreement.

7. Subcontracting

- a. PROVIDER shall not delegate this Agreement. PROVIDER shall not subcontract any services to be provided under this Agreement without the PAYOR's express written approval. In the event the PAYOR allows the PROVIDER to subcontract, the PAYOR retains the right to review, approve, and monitor any subcontracts or any subcontractor's compliance with this Agreement

and all applicable laws and regulations.

- b. Any subcontract approved by PAYOR shall not terminate the PROVIDER's legal responsibilities under this Agreement. All subcontracts that may be approved by the PAYOR must be (a) in writing, (b) specify the activities and/or report responsibilities delegated to the subcontractor, (c) provide for revocation of delegation and/or imposition of sanctions if the subcontractor's performance is inadequate, (d) provide for monitoring, including site review, of the subcontractor by the PAYOR or its designee, and (e) provide for the requirement to comply with the corrective action requirements of the PAYOR or designee.
- c. The PROVIDER may subcontract for the provision of any of the services specified in this Agreement including contracts for administrative and financial management, and data processing. The PROVIDER shall be held solely and fully responsible to execute all provisions of this Agreement, whether or not said provisions are directly pursued by the PROVIDER or pursued by the PROVIDER through a subcontract vendor. The PROVIDER shall ensure that all subcontract arrangements clearly specify the type of services being purchased. Subcontracts shall ensure that the PAYOR and the MDHHS are not parties to the contract and therefore not a party to any employer/employee relationship with the subcontractor of the PROVIDER. Subcontracts entered into by the PROVIDER shall address such provisions as the PROVIDER deems necessary for the development of the service delivery system and shall include standard terms and conditions as MDHHS may develop.

8. Assignment

- a. PROVIDER shall not assign this Agreement without the express written consent of the PAYOR. *Notwithstanding the foregoing, provided notice is given to the other party, either party may assign its rights and obligations under this Agreement without the other party's prior written consent to a successor entity (in whole or part) in connection with an internal reorganization, whether through conversion, merger, or otherwise.*

9. Business Records, Maintenance of Records & Audits

- a. **Financial Review:** The PROVIDER shall submit, upon request of the PAYOR, financial statements and related reports and schedules that accurately reflect the financial position of the PROVIDER. PROVIDER must submit, upon request of the PAYOR, its financial statements and supporting reports and schedules as presented to its governance authority. The PAYOR reserves the right to require the PROVIDER to secure an independent financial audit.
- b. **Accounting and Internal Controls:** PROVIDER shall ensure its accounting procedures and internal financial controls conform to generally accepted accounting principles in order that the costs allowed by this Agreement can be readily ascertained and expenditures verified there from.
- c. **Access to Books and Records:** The PAYOR, the MDHHS and the State of Michigan or their designated representatives shall be allowed to review, copy and/or audit all financial records, licensure, accreditation and certification reports and to review and/or audit all clinical service records of the PROVIDER pertaining to performance of this Agreement, to the full extent permitted by applicable Federal and State law. Refusal to allow the PAYOR, the MDHHS or the State of Michigan or their designated representative(s) access to said records for the above-stated purposes shall constitute a material breach of this Agreement for which the PAYOR may exercise any of its remedies available at law or in equity, including, but not limited to, the immediate termination of this Agreement. Clinical records and financial records and supporting documentation must be retained by the PROVIDER and be available for audit purposes as required by State Law.

- d. **Access to Books and Records by Federal Authorities:** If the Secretary of the U.S. Department of Health and Human Services, the Comptroller General of the United States or their duly authorized representatives (referred to as the "Requesting Parties") request access to books, documents, and records of the PROVIDER as outlined in the PROVIDER Manual and in accordance with Section 952 of the Omnibus Reconciliation Act of 1980 [42 USC 1395x(v)(1)(I)] and the regulations adopted pursuant thereto, the PROVIDER agrees to provide such access to the extent required. Furthermore, the PROVIDER agrees that any contract between it and any other organization to which it is to a significant extent associated or affiliated with, owns or is owned by or has control of or is controlled by (referred to as "Related Organization"), and which performs services on behalf of it or the other party hereto will contain a clause requiring the Related Organization to similarly make its books, documents, and records available to the Requesting Parties.

11. Conflict of Interest

- a. The PROVIDER affirms that no principal, representative, agent or another acting on behalf of or legally capable of acting on behalf of the PROVIDER is currently an employee of the MDHHS or any of its constituent institutions, an employee of the PAYOR or of a party to a contract with the PAYOR or administering or benefiting financially from a contract with the PAYOR, or serving in a policy-making position with an agency under contract with the PAYOR; nor is any such person related to the PROVIDER currently using or privy to such information regarding the PAYOR which may constitute a conflict of interest. Breach of this covenant may be regarded as a material breach of the Agreement and a cause for termination.

12. Non-Discrimination

- a. In performing its duties and responsibilities under this Agreement, the PROVIDER shall comply with all applicable federal and State laws, rules and regulations prohibiting discrimination.
- b. The PROVIDER shall not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, gender identity, sexual orientation, height, weight, or marital status pursuant to the Elliott Larsen Civil Rights Act of 1976 PA 453, as amended (MCL 37.2201 et seq.) and 42 CFR 438.206(c)(2).
- c. The PROVIDER shall comply with the provisions of the Michigan Persons With Disabilities Civil Rights Act of 1976 PA 220, as amended (MCL 37.1101 et seq.).
- d. The PROVIDER shall comply with the Americans with Disabilities Act of 1990 (ADA), P.L. 101-336, 104 Stat 327 (42 USC 12101 et seq.), as amended, and regulations promulgated thereunder.
- e. The PROVIDER shall comply with the Title VI of the Civil Rights Act of 1964 (42 USC 2000d et seq.) and Office of Civil Rights Policy Guidance on the Title IV Prohibition Against Discrimination as it Affects Persons with Limited English Proficiency, Section 504 of the Federal Rehabilitation Act of 1973, as amended (Public Law 93-112, 87 Stat. 394), Title IX of the Education Amendment of 1972, as amended (20 USC 1681-1683 and 1685-1686) and the regulations of the U.S. Department of Health and Human Services issued thereunder (45 CFR, Part 80, 84, 86 and 91).
- f. The PROVIDER shall comply with the Age Discrimination Act of 1975 (42 USC 6101 et seq.).
- g. The PROVIDER shall not refuse to treat and not discriminate in the treatment of the CONSUMER

or referral under this Agreement, based on the individual's -, or on the basis of age, height, weight, marital status, arrest record, race, creed, disability, color, national origin or ancestry, religion, gender, political affiliation or beliefs.

- h. PROVIDER agrees to assure accommodation of physical and communication limitations for CONSUMERS served under this Agreement.
- i. PROVIDER must assure that CONSUMERS are permitted to choose their health care professional to the extent appropriate and reasonable.

13. Disclosure of Ownership and Control

- a. PROVIDER will comply with all Federal regulations by disclosing to the PAYOR's CEO information about individuals with ownership or control interests in PROVIDER, if any, by completing and executing **Attachment I: Disclosure of Ownership and Control**, attached and incorporated hereto, and returning same with an executed copy of this Agreement. The Federal regulations also require PROVIDER to identify and report any additional ownership or control interests for those individuals in other entities, significant and material to PROVIDER's obligations under this Agreement with the PAYOR, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other. PROVIDER must disclose changes in ownership and control information at the time of enrollment, re-enrollment, or whenever a change in entity ownership or control takes place.

14. Indemnification and Hold Harmless

- a. The PROVIDER shall, at its own expense, protect, defend, indemnify, and hold harmless the PAYOR and its elected and appointed officers, employees, servants and agents from all claims, damages, costs, and expenses, arising from personal and/or bodily injuries or property damage that any of them may incur as a result of any acts, omissions, or negligence by the PROVIDER, and/or its officers, employees, servants, or agents that may arise out of this Agreement.
- b. The PROVIDER's indemnification and hold harmless responsibilities under this section shall include the sum of claims, damages, costs, lawsuits and expenses which are in excess of the sum reimbursed to the PAYOR and its elected and appointed officers, employees, servants and agents by the insurance coverage obtained and/or maintained by the PROVIDER pursuant to the requirements of this Agreement.
- c. To the extent permitted by law, PAYOR shall defend, indemnify and hold harmless PROVIDER, its Board of Directors, directors, officers, employees, agents and representatives harmless from and against all claims, damages, costs and expenses of any type or nature, including, without limitation attorney fees, that may occur as a result of (i) any acts or omissions of PAYOR or its officers, directors, employees, contractors, subcontractors or agents; (ii) the duties and obligations of PAYOR under this Agreement; or (iii) a breach of this Agreement.
- d. The PAYOR'S indemnification and hold harmless responsibilities under this section shall include the sum of claims, damages, costs, lawsuits and expenses which are in excess of the sum reimbursed to the PAYOR and its elected and appointed officers, employees, servants and insurance coverage obtained and/or maintained by the PROVIDER pursuant to the requirements of this Agreement.

15. Liability Insurance

- a. The PROVIDER, or any of their subcontractors shall not commence work under this Agreement until they have obtained the insurance required under this paragraph, and shall keep such insurance in force during the entire life of the contract.
 - i. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan with a minimum "A-" rating by Best's Insurance Rating Service. The requirements below should not be interpreted to limit the liability of the PROVIDER.
 - ii. All deductibles and self-insured retention (SIRs) are the responsibility of the PROVIDER.
 - iii. The PROVIDER shall maintain certificates of insurance from all PAYOR-approved subcontractors and ensure adequate coverage is provided throughout the term of the subcontractor's agreement. All coverage for subcontractors shall be subject to the minimum requirements identified below.
 - iv. PROVIDER, at its sole expense, must maintain the insurance coverage identified below. All required insurance must protect the PAYOR from claims that arise out of, are alleged to arise out of, or otherwise result from PROVIDER's or subcontractor's performance. PROVIDER shall obtain and maintain the following types of insurance policies with limits set forth below:

Required Limits	Additional Requirements
Commercial General Liability Insurance	
<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$1,000,000 Personal & Advertising Injury \$2,000,000 General Aggregate \$2,000,000 Products/Completed Operations	
Automobile Liability Insurance	
If a motor vehicle is used in relation to the Contractor's performance, the Contractor must have vehicle liability insurance on the motor vehicle for bodily injury and property damage as required by law.	
Workers' Compensation Insurance	
<u>Minimum Limits:</u> Coverage according to applicable laws governing work activities	Waiver of subrogation, except where waiver is prohibited by law.
Employers Liability Insurance	
<u>Minimum Limits:</u> \$500,000 Each Accident \$500,000 Each Employee by Disease \$500,000 Aggregate Disease	
Privacy and Security Liability (Cyber Liability) Insurance	

<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate	PROVIDER must have their policy cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
Professional Liability (Errors and Omissions) Insurance	
<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$3,000,000 Annual Aggregate	

Additional Insured: Commercial General Liability, as described above, shall include an endorsement stating the following shall be additional insured: PAYOR, together with all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed by naming the PAYOR as additional insured, coverage afforded is considered to be primary and any other insurance PAYOR may have in effect shall be considered secondary and/or excess, unless specifically waived in writing by the PAYOR.

Cancellation Notice: All insurances policies as described above shall include an endorsement stating the following: "It is understood and agreed that thirty (30) days' (ten (10) days for non-payment of premium) advance written Notice of Cancellation, Non-Renewal, Reduction and/or Material Change shall be sent to the PAYOR."

- v. **Proof of Insurance:** The PROVIDER shall provide PAYOR, at the time that the contracts are returned for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice is acceptable. Copies or certified copies of all policies mentioned above shall be furnished, if so requested.
- vi. **Continuation of Coverage:** If any of the above coverages expires during the term of this agreement, the PROVIDER shall deliver renewal certificates and/or endorsements to the PAYOR at least ten (10) days prior to the expiration date, or if after expiration date renewal certificate shall indicate coverage from the expiration date forward.
- vii. The duty to maintain the insurance coverage specified in this Section shall survive the expiration or termination of this Agreement and shall be enforceable, regardless of the reason for termination of this Agreement, against PROVIDER.

If any required policies provide claims-made coverage, the PROVIDER must: (i) provide coverage with a retroactive date before the effective date of this contract or the beginning of contracted activities; (ii) maintain coverage and provide evidence of coverage for at least three (3) years after completion of the contracted activities; and (iii) if coverage is cancelled or not renewed, and not replaced with another claims-made policy form with a retroactive date prior to the effective date of this contract, PROVIDER must purchase extended reporting coverage for a minimum of three (3) years after completion of work.

PROVIDER must: (i) provide insurance certificates to the PAYOR, containing the agreement or delivery order number, at the time of contract execution and within twenty (20) calendar days of the expiration date of the applicable policies; (ii) require that subcontractor's maintain the required insurances contained in this Section; (iii) notify the PAYOR within five (5) business days if any policy is cancelled; and (iv) waive all rights

against the PAYOR for damages covered by insurance. Failure to maintain the required insurance does not limit this waiver.

This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of either party for any obligations under this Contract (including any provisions hereof requiring PROVIDER to indemnify, defend and hold harmless the PAYOR).

16. Compliance with the Law; Applicable Law and Venue

- a. This Agreement shall be construed according to the laws of the State of Michigan as to the interpretation, construction, and performance.
- b. The PAYOR and the PROVIDER agree that the venue for the bringing of any legal or equitable action under this Agreement shall be established in accordance with the statutes of the State of Michigan and/or Michigan Court Rules. In the event that any action is brought under this Agreement in federal court, the venue for such action shall be the Federal Judicial District of Michigan.
- c. The PROVIDER, its officers, employees, servants, and agents shall perform all their respective duties and obligations under this Agreement in compliance with all applicable federal, State, and local laws, ordinances, rules, and regulations.
- d. The parties hereto acknowledge and agree that the following statutes, rules, regulations, and procedures govern the provision of Services rendered hereunder and the relationship between the parties:
 - i. The MDHHS/PIHP Master Contract for Medicaid Funds, and the MDHHS/CMHSP Master Contract for General Funds
 - ii. Michigan Mental Health Code and its rules and regulations, as amended;
 - iii. Michigan Public Health Code and its rules and regulations, as amended;
 - iv. MDHHS Medicaid PROVIDER Manual, as amended;
 - v. Policies and procedures of the PAYOR with respect to PROVIDER networks, and the provision and payment of services contemplated by this Agreement;
 - vi. The PROVIDER will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 *et seq.*, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-209). Further, the PROVIDER shall require that the language of this assurance be included in the award documents of all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.
 - vii. Pursuant to 1980 PA 278, as amended, MCL 423.321 *et seq.*, the State shall not award a contract or subcontract to an employer or any subcontractor, manufacturer or supplier of the employer, whose name appears in the current register compiled by the Michigan Department of Licensing and Regulatory Affairs. The State or PAYOR may void any contract if, subsequent to award of the contract, the name of the PROVIDER as an employer, or the name of the subcontractor, manufacturer or supplier of the PROVIDER appears in the register.
 - viii. Any other applicable state and federal laws governing the parties hereto.

17. Compliance with the MDHHS/CMHSP Master Contract for General Funds and the MDHHS/PIHP

Master Contract for Medicaid Funds

- a. It is expressly understood and agreed by the PROVIDER that this Agreement is subject to the terms and conditions of the MDHHS/CMHSP Master Contract for General Funds and the MDHHS/PIHP Master Contract for Medicaid Funds. The provisions of this Agreement shall take precedence over the Master Contracts unless a conflict exists between this Agreement and the provisions of a Master Contract. In the event that any provision of this Agreement is in conflict with the terms and conditions of a Master Contract, the provisions of the Master Contract shall prevail. However, a conflict shall not be deemed to exist where this Agreement:
 - i. contains additional provisions and additional terms and conditions not set forth in the Master Contracts;
 - ii. restates provisions of a Master Contract to afford the PAYOR or the PIHP the same or substantially the same rights and privileges as MDHHS; or,
 - iii. requires the PROVIDER to perform duties and services in less time than required of the PAYOR or the PIHP in a Master Contract

18. Debarment, Suspension, and Exclusion

- a. PROVIDER represents and warrants that PROVIDER and its personnel will comply with the Federal Acquisition Regulations (45 CFR 76) and that PROVIDER and its Personnel:
 - i. are not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from covered transactions by any federal department, government programs or PIHP or PAYOR;
 - ii. have not within a three (3) year period preceding this Agreement been convicted of or had a civil judgment rendered against it for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in this Section; and
 - iv. have not within a three (3) year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default; and
 - v. have not been notified by any means or methods that Personnel are the subject of any investigation or review regarding participation in any government programs; and
 - vi. PROVIDER agrees to immediately notify the PAYOR, in writing, if PROVIDER or its Personnel are under investigation or PROVIDER receives any information, notice, actions, claims, or events regarding the representations and warranties set forth in this Section. PROVIDER shall require the representations and warranties in this Section be included in any PAYOR-approved subcontracted agreements.

19. Licenses, Certifications, Credentialing and Privileging Requirements

- a. The PROVIDER shall obtain and maintain during the term of this Agreement all licenses, certifications, registrations, National PROVIDER Identifier pursuant to Section 5005 and section 12006 of the 21st Century Cures Act, accreditations, authorizations, and approvals required by federal, State, and local laws, ordinances, rules and regulations for the PROVIDER to operate and provide Medicaid and/or non-Medicaid programs and services within the State of Michigan.
- b. The PROVIDER shall insure that there are systems in place to assure that its staff meet appropriate licensure, competency, and criminal history standards including systems for the

primary verification of professional credentials.

- c. PROVIDERs must perform background checks on each new employee, subcontractor, subcontractor employee, or volunteer (including students and interns) who work under this contract , including:
 - a. Criminal Background Checks using Internet Criminal History Access Tool (ICHAT) or a source that reveals information substantially similar to information found on an ICHAT. <https://apps.michigan.gov>
 - b. Michigan Public Sex Offender Registry: <https://mspsor.com>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
 - d. MDHHS Central Registry check required for staff working directly with children. https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html

These background checks are a requirement of this Agreement. PROVIDER must have, and follow, a policy on hiring of persons with backgrounds that is consistent with 333.18263 of the Public Health Code, Act 368 of 1978 for Behavior Technicians, the Social Security Act (42 USC 1320a-7(a), the Michigan Medicaid Manual, and applicable licensing and/or certification rules. Background checks shall be conducted prior to any CONSUMER contact, generally no later than the first few days of hire. An offer of employment may be made contingent on a background check and should expressly note that there is to be no contracted service provided until all background checks are complete (See Section IV. Statement of Work).Background checks shall be repeated at a frequency defined in CMHSP participant policy, at minimum, every two years, for all persons who have direct contact with CONSUMERs or direct access to CONSUMER information.

Provider must require each new employee, subcontractor, subcontractor employee, or volunteer (including students and interns) who works under this Contract, works directly with consumers, or who has access to consumer information to notify the Contractor in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within ten (10) days of the event after hiring.

- d. PROVIDERs that employ or contract with licensed health care professionals are required to have a written system (policy and procedure) in place for credentialing and re-credentialing of these individuals in accordance with the BHDDA Credentialing and Recredentialing Processes . Refer to the PAYOR PROVIDER Manual, Policies, or Procedures for more specific information about required credentialing and re-credentialing expectation.
- e. Prior to commencing services under this Agreement, the PROVIDER, as applicable, shall furnish the PAYOR with notice of primary verification that its staff professionals, if any, have obtained and maintain all approvals, certifications, and licenses required by federal, state and local laws, ordinances, rules and regulations to practice their professions and to perform Medicaid and/or non-Medicaid services hereunder. If any such license, certification, or authorization is ever suspended, restricted, revoked, or expires and is not renewed, the PROVIDER shall immediately notify the PAYOR, in writing. Refer to **Attachment F** – Autism PROVIDER Staff Credentials Verification and **Attachment C** – Reporting Requirements for the method and manner of submission to PAYOR.
- f. The PROVIDER, as a member of the PAYOR's service PROVIDER network, shall cooperate with the PAYOR on an ongoing basis and, as applicable, shall ensure that the PROVIDER's staff professionals meet the PAYOR's credentialing and privileging requirements, including recredentialing and competency standards, necessary to perform the supports/services required

under this Agreement.

- g. PROVIDER shall re-apply to PAYOR every two (2) years to continue in the PAYOR'S PROVIDER Network.
- h. In accordance with the Medicaid PROVIDER Manual - Non-Emergency Medical Transportation, individuals transporting CONSUMERS must hold a valid driver's license appropriate to the class of vehicle being operated as defined by the Michigan Vehicle Code Act 300 of 1949.
- i. **Monitoring and Disclosure of Exclusion, Debarment and Suspension.** PROVIDER agrees that failure to comply with Federal requirements that prohibit employment or contractual arrangements with PROVIDERS excluded from participation under either Medicare, Medicaid or other federal or state health care programs will result in Medicaid overpayment liability and may result in civil monetary penalties. PROVIDER agrees to perform checks at the time of initial engagement of an employee or contractor, at the time of renewal of engagement, on a monthly basis, and at the time new disclosure information is received. Checks must include the US Dep't of Health and Human Services Office of Inspector General's List of Excluded Individuals/ Entities (LEIE) at <http://exclusions.oig.hhs.gov>, the federal government's System for Award Management (SAM) at www.SAM.gov, and the Michigan Department of Health and Human Services website at www.michigan.gov/MDHHS (see Doing Business with MDHHS/ Health Care PROVIDERS/ List of Sanctioned PROVIDERS or http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-16459--,00.html). PROVIDER agrees to maintain documentation showing proof of having completed the exclusion checks at the required frequency and to make such documentation available to PAYOR for verification during site visits. PROVIDER agrees to notify the PAYOR CEO or designee within two business days if search results indicate that an employee, contractor, or individuals or entities with ownership or control interests in a PROVIDER entity appear on the exclusions databases.

20. Staffing and Training Requirements

- a. The PROVIDER, pursuant to this Agreement, shall ensure that:
 - i. Active treatment is provided by the PROVIDER's staff to each Medicaid covered and non-Medicaid CONSUMER hereunder at the medically necessary level of care; and,
 - ii. All services hereunder are to be provided by the PROVIDER's staff in a manner that demonstrates cultural competency.
 - iii. The PROVIDER shall maintain staffing consistency and programming continuity in the provision of services to CONSUMER(s) hereunder.
- b. The PROVIDER's staff, when performing services under this Agreement, shall comply with:
 - i. All applicable provisions and requirements for services in the Mental Health Code, the MDHHS Rules, Medicaid regulations, and the MDHHS/PIHP Master Contract for Medicaid Funds and the MDHHS/CMHSP Master Contract for General Funds; and,
 - ii. All applicable policies, guidelines, and standards established by the PROVIDER.
- c. Orientation of and ongoing training and education of the PROVIDER's staff shall follow minimum training requirements as listed in **Attachment E - Training Requirements**.
- d. The PROVIDER shall mandate continuing education to the PROVIDER's staff as needed or when necessitated by changes in the PROVIDER's programs or as stated in recipient rights requirements, including but not limited to the requirements identified by MDHHS in its Technical Requirement "Continuing Education Requirements for Recipient Rights Staff".

21. Recipient Rights

- a. The PROVIDER shall ensure that all staff, volunteers, students, and any agent of the PROVIDER obtain recipient rights training from the CMHSP ORR approved resource within thirty (30) days of hire, and annually thereafter in a training module that is approved by the MDHHS Office of Recipient Rights as detailed in Section 7 and 7A of the MHC. (AR 330.1806).
- b. PROVIDER agrees to safeguard, protect, and promote the rights of CONSUMERS. The PROVIDER is expected to follow the Recipient Rights provisions of the Mental Health Code, corresponding Administrative Rules, and the Recipient Rights Policies and Procedures delineated in Attachment G: Recipient Rights Policies & Attestation to this Agreement,
- c. PROVIDER agrees to comply with, in their entirety, the policies and procedures, delineated in Attachment G, providing for the safeguarding of the rights of CONSUMERS as established by PAYOR.
- d. PROVIDER agrees to protect the rights of all persons using their services as guaranteed in 1974 Public Act 258, as amended, and 330.7001, *et seq.* of the Michigan Administrative Rules.
- e. PROVIDER agrees that CONSUMERS will be protected from rights violations while receiving services under this Agreement.
- f. PROVIDER agrees to assume responsibility for the administration, quality of care, treatment services, and protective services for all CONSUMERS admitted for care. The term “protective services” as used in this paragraph means reporting and referral services required by the PROVIDER under the adult abuse reporting requirements pursuant to Michigan’s Social Welfare Act, being MCL 400.11 *et seq.*, or the Child Protection Law, Act 238 of the Public Acts of 1975, as amended, being MCL 722.621 *et seq.*
- g. PROVIDER agrees to maintain the confidentiality of information regarding CONSUMERS in compliance with Sections 748 and 750 of the MHC.
- h. PROVIDER agrees to ensure that MDHHS “Your Rights” booklets are made available to CONSUMERS, visitors, and employees.
- i. Each PROVIDER site must have the name and telephone number of the PAYOR Recipient Rights Officer and the “Abuse and Neglect Reporting” poster posted in a conspicuous place. Contact the PAYOR Recipient Rights Office to obtain copies of the MDHHS “Your Rights” booklet and Abuse and Neglect Reporting poster.
- j. Each PROVIDER shall ensure that a copy of Mental Health Code Chapter 7 and 7a be readily available.
- k. PROVIDER shall ensure a summary of section 748 of the Michigan Mental Health Code will be filed in the case record for each CONSUMER.
- l. PROVIDER agrees to monitor the safety and welfare of CONSUMERS while being served under this Agreement and to provide immediate comfort and protection to and assure immediate medical treatment for a CONSUMER who has suffered physical injury or illness.
- m. PROVIDER agrees to ensure that persons using their services, parents, guardians, and others have access to complaint forms and information about the complaint process.

- n. PROVIDER agrees to ensure that all verbal and/or written reports of alleged rights violations are forwarded immediately in writing and via phone to PAYOR's Rights Office.
- o. PROVIDER will cooperate fully during Recipient Rights investigations. The CMHSP Recipient Rights officer shall have unimpeded access to all PAYOR CONSUMER evidence necessary to conduct a thorough investigation or to fulfill its monitoring function, including staff and all programs and services. PROVIDER employees are required to cooperate with PAYOR's Recipient Rights Office during investigations and Recipient Rights access shall not be denied.
- p. The PROVIDER agrees to allow individuals who properly identify themselves as representatives of Disability Rights Michigan access to premises, CONSUMERS and service records in compliance with Sections 748 and 750 of the MHC.
- q. PROVIDER agrees to implement appropriate remedial or disciplinary action for substantiated allegations of rights violations and submit a written description of the remedial or disciplinary action to PAYOR's Recipient Rights Office within five (5) business days of receipt of the investigative report.
- r. PROVIDER agrees to comply with PAYOR's Recipient Rights reporting requirements regarding death, unusual incidents, serious injury, suspected abuse or neglect and all other alleged rights violations concerning a CONSUMER while they are being served under this Agreement. PROVIDER agrees to comply with those reporting requirements as established by Department of Licensing and Regulatory Affairs, Protective Services (Adults & Children), state and federal law, and other public agencies as applicable.
- s. PROVIDER agrees to furnish the PAYOR's CEO with immediate notice of any sentinel event involving any CONSUMER being served hereunder. The PROVIDER shall report the death, serious injuries, suspected abuse or neglect and all other sentinel events regarding a CONSUMER hereunder to PAYOR's designated staff representatives immediately by telephone and then, in writing on PAYOR's designated forms within twenty-four (24) hours of the occurrence and, as required by law, to Adult or Children Protective Services Division of the applicable department of the State of Michigan, law enforcement, and other public agencies. In addition, incident reports for all other non-critical events will be completed and forwarded to the PAYOR within 24 hours of the occurrence.
- t. PROVIDER agrees to ensure that CONSUMERS, PAYOR staff or anyone acting on behalf of the CONSUMER shall be protected from harassment or retaliation resulting from Recipient Rights activities. If evidence is shown of harassment or retaliation, the PROVIDER shall take appropriate disciplinary action.
- u. PROVIDER will ensure unimpeded access for PAYOR, at any time, and at least annually for the purpose of annual assessments, to review the PROVIDERs records regarding Recipient Rights requirements such as staff training logs, to complete annual site visits for monitoring of rights protection, and to ensure compliance with PAYOR's policies and procedures.

22. CONSUMER Grievance Procedures

- a. The PROVIDER agrees to fully comply with the PAYOR's CONSUMER Grievance and Appeals Policy and Procedure, Recipient Rights Policies and Procedures, and Incident/Sentinel Event reporting, Policies and Procedures.

- b. These policies and procedures are located on the PAYOR's website. The PAYOR agrees to distribute regular updates, as needed, and PROVIDER agrees to maintain updates provided by the PAYOR.

23. CONSUMER Medical Records

- a. The PROVIDER, pursuant to this Agreement, shall establish and maintain a comprehensive individual service record system consistent with the provisions of MDHHS Medical Services Administration (MSA) Policy Bulletin Chapter 1, the [Michigan Department of Technology, Management, and Budget Retention General Schedule #20 Community Mental Health Programs](#) Approved 5.1.2007, and appropriate state and federal statutes.
- b. The PAYOR has the right to full access to all records pertaining to any CONSUMER and services rendered pursuant to this Agreement. The PROVIDER agrees to furnish PAYOR with copies of all records pertaining to any CONSUMER and services rendered pursuant to this Agreement upon reasonable request.
- c. To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is pertinent to the services that the PAYOR purchases and the PROVIDER provides under this Agreement, the PROVIDER ensures that it is in compliance with the HIPAA requirements.
- d. All CONSUMER information, medical records, data, and data elements, collected, maintained, or used in the execution of this Agreement shall be protected by the PROVIDER from unauthorized disclosure as required by State and federal regulations. The PROVIDER must provide safeguards that restrict the use or disclosure of information concerning CONSUMERS to purposes directly connected with the execution of this Agreement.
- e. Because of the nature of the relationship between the parties hereto, there shall be an ongoing exchange of confidential information on CONSUMERS served under this Agreement.
- f. The PROVIDER shall comply with all applicable federal and state laws, rules, and regulations, including the Mental Health Code and the MDHHS Rules, on confidentiality with regards to disclosure of any materials and/or information provided pursuant to this Agreement. Any release of information must be in compliance with Sections 748 748a, and 750 of the Mental Health Code.
- g. The PROVIDER shall assure that services to and information contained in the records of CONSUMERS served under this Agreement, or other such recorded information required to be held confidential by federal or State law, rule or regulation, in connection with the provision of services or other activity hereunder shall be privileged communication. Privileged communication shall be held confidential and shall not be divulged without the written consent of either the CONSUMER or a person responsible for the CONSUMER, except as may be otherwise required by applicable law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular individuals.

24. Health Insurance Portability and Accountability Act (HIPAA)

- a. To the extent that this act is pertinent to the services that the PROVIDER provides under this Agreement, the PROVIDER assures that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (The HITECH Act) of Title XIII, Division A of the American Recovery and Reinvestment Act of 2009, and related regulations found at 45 CFR Parts 160 and 164, including the Standards for Privacy of Individually Identifiable Health

Information (Privacy Rule), the Security Standards for the Protection of Electronic PHI (Security Rule), and the rules pertaining to Compliance and Investigations, Imposition of Civil Money Penalties, and Procedures for Hearings (Enforcement Rule), as amended from time to time, (hereafter collectively referred to as "HIPAA Regulations"); the Federal Confidentiality Law, 42 USC §§ 290dd-2 and underlying Regulations, 42 CFR Part 2 ("Part 2"). This includes the distribution of CONSUMER handbooks and PROVIDER directories to CONSUMERS, and/or the HIPAA Privacy Notice.

25. Compliance Program

- a. The PROVIDER shall implement and maintain a Compliance Plan in accordance with federal and state law. The Compliance Plan must include, at a minimum, all of the following elements:
 - i. An employee/contractor code of conduct and standards of conduct for compliance with federal and/or state standards;
 - ii. Employee Education Program(s);
 - iii. Communication processes between senior management and employees regarding the compliance program;
 - iv. Guidance and reporting system(s);
 - v. Prompt investigation and complaint resolution processes;
 - vi. Corrective action planning and implementation;
 - vii. Data monitoring and evaluation.
- b. Upon request, PROVIDER will furnish a copy of the Compliance Plan to the PAYOR. The PROVIDER agrees to immediately notify the PAYOR with respect to any inquiry, investigation, sanction or otherwise from the Office of Inspector General (OIG).

26. Quality Improvement Program/Site Reviews/Performance Monitoring

- a. The PROVIDER shall maintain a fully operational internal Quality Assessment and Performance Improvement Program (QAPIP) or comply with the PAYOR QAPIP.
- b. The PROVIDER agrees, pursuant to this Agreement, to cooperate fully in the PAYOR's implementation of:
 - i. performance improvement projects;
 - ii. quantitative and qualitative member assessments periodically, including CONSUMER satisfaction surveys and other CONSUMER feedback methodologies;
 - iii. regular measurement, monitoring, and evaluation mechanisms as to services, utilization, quality, and performance;
 - iv. systems for periodic and/or random compliance review or audit; and,
 - v. studies to regularly review outcomes for service recipients as a result of programs, treatment, and community services rendered to individuals in community settings.
- c. **Site Reviews, Performance Monitoring and Feedback:** The PAYOR will conduct reviews and audits of PROVIDER performance under this Agreement. The PAYOR will make a good faith effort to coordinate reviews and audits to minimize disruption to PROVIDER operations and to avoid duplication of effort.
 - i. The focus of PROVIDER review is on the degree to which the PROVIDER has implemented the requirements of this Agreement and the degree of compliance with performance standards, performance indicators, and other PAYOR requirements.
 - ii. PROVIDER shall comply with the corrective action requirements of the PAYOR, including compliance with corrective action plan submission and subsequent implementation of

approved corrective action plans. Corrective action plans submitted by PROVIDER are deemed approved unless the PAYOR indicates, in writing within thirty (30) days of receipt of the corrective action plan, that such corrective action plan is not approved.

- d. **Quality Assurance:** PROVIDER shall cooperate with PAYOR and participate in and comply with all peer review program, utilization review, quality assurance and/or total quality management programs, audit systems, site visits, grievance procedures, satisfaction surveys and other procedures as established from time to time by the PAYOR, or as required by regulatory or accreditation agencies. PROVIDER shall be bound by and comply with all final determinations rendered by each such peer review or grievance process.

27. Dispute Resolution

- a. Any disagreements with respect to this Agreement, including, without limitation, action taken in this Section against PROVIDER, shall be addressed through the dispute resolution procedures detailed in the PROVIDER Manual and/or policies. In the event that a dispute remains unresolved following use of such procedure, then the dispute shall be reduced to writing and submitted to each party's Chief Executive Officer or other title as the case may be. If such disputes cannot be resolved between the PAYOR and the PROVIDER, either party may seek resolution through exercise of any available legal and/or equitable remedies.
- b. All decisions to authorize, deny, continue, or discontinue the PAYOR's payments for the PROVIDER's services to CONSUMERS hereunder shall be those of the PAYOR's CEO. Decisions to continue services without reimbursement from the PAYOR shall be those of the PROVIDER.

28. Notices

- a. PROVIDER shall notify the PAYOR within five to ten (5 - 10) business days of any of the following events:
 - i. of any civil, criminal, or other action or finding of any licensing/regulatory body or accrediting body, the results of which suspends, revokes, or in any way limits PROVIDER's authority to render Covered Services;
 - ii. of any actual or threatened loss, suspension, restriction, or revocation of PROVIDER's license;
 - iii. of any malpractice action filed against PROVIDER;
 - iv. of any charge or finding of ethical or professional misconduct by PROVIDER;
 - v. of any loss of PROVIDER's professional liability insurance or any material change in PROVIDER's liability insurance;
 - vi. of any material change in information provided by the PAYOR in the accompanying PROVIDER network application or in the credentialing information concerning any PROVIDER;
 - vii. any other event which limits PROVIDER's ability to discharge its responsibilities under this Agreement professionally, promptly and with due care and skill; or
 - viii. PROVIDER is excluded from participation with the Medicaid Program.
- b. Any and all notices, designations, consents, offers, acceptances or other communications herein shall be given to either party, in writing, by receipted personal delivery or deposited in certified mail addressed to the addressee shown below (unless notice of a change of address is furnished by either party to the other party hereto) and with return receipt requested, effective upon receipt:
- c. Notice to the PAYOR should be addressed to the PAYOR's Chief Executive Officer, or their

designee, as outlined in *Attachment C: Local Practices & Reporting Requirements* which delineates additional points of contact for the PAYOR.

29. Miscellaneous Provisions

- a. **Non-exclusive Agreement:** It is expressly understood and agreed by the parties hereto that this Agreement shall be non-exclusive, and that this Agreement is not intended and shall not be construed to prevent either party from concurrently and/or subsequently entering into and maintaining similar agreements with other public or private entities for similar or other services.
- b. **Binding Effect of the Agreement:** This Agreement shall be binding upon the PAYOR and the PROVIDER and their respective successors and assigns.
- c. **Further Assurances:** The parties hereto shall execute all further instruments and perform all acts which are or may become necessary from time to time to effectuate this Agreement.
- d. **Amendment:** Modifications, amendments, or waivers of any provision of this Agreement may be made only by the written mutual consent of the parties hereto.
- e. **Completeness of the Agreement:** This Agreement, the attached Exhibits, and the additional and supplementary documents incorporated herein by specific reference contain all the terms and conditions agreed upon by the PAYOR and the PROVIDER and no other prior agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind either the PAYOR or the PROVIDER.
- f. **Severability and Intent**
 - i. If any provision of this Agreement is declared by any court having jurisdiction to be invalid, such provision shall be deemed deleted and shall not affect the validity of the remainder of this Agreement, which shall continue in full force and effect. If the removal of such provision would result in the illegality and/or unenforceability of this Agreement, this Agreement shall terminate as of the date in which the provision was declared invalid.
 - ii. This Agreement is not intended by the PAYOR or the PROVIDER to be a third-party beneficiary contract and confers no rights on anyone other than the parties hereto.
- g. **Notification Regarding Funding:** PROVIDER shall immediately notify the PAYOR, in writing, of any action by PROVIDER's governing board or any other funding source, which would require or result in changes to the provision of services, funding, compliance with the terms and conditions of this Agreement or any other actions with respect to PROVIDER's obligations to perform under this Agreement.
- h. **Research Restrictions on Human Subjects:** The PROVIDER agrees to submit all research involving human subjects, which is conducted in programs sponsored by the MDHHS or in programs which receive funding from or through the State of Michigan, to the Department's Research on Human Subjects Committee for approval prior to the initiation of the research.
- i. **Information Requirements:** The PAYOR and the PROVIDER shall comply with MDHHS information requirements and standards, including those for Advance Directives. Any marketing or informative materials intended for distribution through written or other media to eligible non-Medicaid CONSUMERS, Medicaid eligible, or the broader community that describe the availability of covered services and supports and how to access those services and supports pursuant to this Agreement, must be submitted by the PROVIDER or the PROVIDER's subcontractors for the

PAYOR 's approval or disapproval prior to any distribution.

- j. **Publications:** Any drawings, records, documents, papers, reports, charts, maps, graphics or manuscripts prepared for or pertaining to the supports/services performed hereunder which are published or in any other way are provided to third parties shall acknowledge that they were prepared and/or created pursuant to this Agreement. Such acknowledgement shall include a clear statement that the PAYOR and its elected and appointed officers, employees, and agents are not responsible for the contents of the item(s) published or provided by the PROVIDER to third parties.
- k. **Time of the Essence:** Time is of the essence in the performance of each and every obligation herein imposed.

l. Waivers

- i. No failure or delay on the part of either of the parties to this Agreement in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other further exercise of any other right, power or privilege.
 - ii. In no event shall the making by the PAYOR of any payment to the PROVIDER constitute or be construed as a waiver by the PAYOR of any breach of this Agreement, or any default which may then exist, on the part of the PROVIDER, and the making of any such payment by the PAYOR while any such breach or default shall exist, shall in no way impair or prejudice any right or remedy available to the PAYOR in respect to such breach or default.
- m. **Disregarding Titles:** The titles of the sections in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.
- n. **Non-Third Party Beneficiary Contract:** This Agreement is not intended to be a third party beneficiary contract and confers no rights, nor obligations on anyone other than the parties hereto.
- o. **Cultural Competence/Limited English Proficiency:** The PROVIDER shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency. The PROVIDER shall demonstrate a commitment to linguistic and cultural competence that includes the ability to apply an understanding of the relationships of language and culture to the delivery of services. The PROVIDER shall ensure the cultural competence of staff including documentation of training in each employee's personnel file.
- p. **Ethics:** The parties agree and acknowledge that each is subject to and shall comply with the Ethics Policy set forth in the PROVIDER Manual.
- q. **Health and Safety:** PROVIDER shall immediately notify the PAYOR and shall arrange for the immediate transfer of CONSUMERS to a different PROVIDER if the health and/or safety of the CONSUMER is in jeopardy.

30. Certification of Authority to Sign the Agreement

- a. The persons signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of the parties, and that this Agreement has been authorized by the parties.

SIGNATURES TO FOLLOW ON NEXT PAGE

WHEREFORE, intending to be legally bound, the parties hereto have executed this Agreement as of the date set forth below.

PAYOR: COMMUNITY MENTAL HEALTH FOR CENTRAL MICHIGAN

Bryan Krogman
Bryan Krogman (Sep 23, 2024 15:39 EDT)
Bryan Krogman, Executive Director

Sep 23, 2024
Date

WITNESSED BY:

April Higgins
April Higgins, Provider Network Manager

Sep 23, 2024
Date

PROVIDER: CENTRIA HEALTHCARE, LLC

Jason Turk
Jason Turk (Oct 4, 2024 13:24 CDT)

Oct 4, 2024
Date

WITNESSED BY:

Date

Attachment A – Statement of Work
CENTRIA HEALTHCARE, LLC
FISCAL YEAR 2025

I. TARGET SERVICE GROUP AND ELIGIBILITY CRITERIA FOR SERVICES:

The target group for the ABA benefit includes CONSUMERS from birth through twenty (20) years of age, ending on the 21st birthday with a diagnosis of Autism Spectrum Disorder (ASD) based upon a medical diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of ASD, who have the developmental capacity to clinically participate in the available interventions covered by the benefit, and who have Medicaid insurance. A well-established DSM-5 diagnosis of Autistic Disorder, Asperger's Disorder or Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) should be given the diagnosis of ASD. In addition, only CONSUMERS who have received an independent needs-based evaluation, is eligible to receive ABA.

II. DESCRIPTION OF SERVICES:

Applied Behavior Analysis (ABA) is a structured program that relies upon the variety of Behavior Health Treatment (BHT) services that include behavioral interventions which have been identified as evidence-based by nationally recognized reviews and/or other nationally recognized scientific and clinical evidence. BHT services are designed to be delivered primarily in the home and in other community settings. Behavioral intervention services include, but are not limited to, the following categories of evidence-based interventions:

- i. Collecting information systematically regarding behaviors, environments, and task demands (e.g., shaping, demand fading, task analysis);
 - ii. Adapting environments to promote positive behaviors and promote learning while discouraging negative behaviors (e.g. naturalistic intervention, antecedent based intervention, visual supports, stimulus fading);
 - iii. Applying reinforcement to change behaviors and promote learning (e.g. reinforcement, differential reinforcement of alternative behaviors, extinction);
 - iv. Teaching techniques to promote positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g., discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting, chaining, imitation)
 - v. Teaching parents/guardians to provide individualized interventions for their child for benefit of the child (e.g., parent/guardian implemented/mediated intervention);
 - vi. Using typically developing peers (e.g., individuals that do not have ASD) to teach and interact with children with ASD (e.g., peer mediated instruction, structured play groups, peer social interaction training); and applying technological tools to change behaviors and teach skills (e.g., video modeling, tablet based learning software).
 - vii. Comprehensive Behavioral Intervention is reserved for CONSUMERS with weekly ABA authorizations exceeding 16 - 25 hours, on average per week, likely resulting in more comprehensive care.
 - viii. Focused Behavioral Intervention is reserved for CONSUMERS with weekly ABA authorizations of 5 - 15 hours, on average or less per week, likely resulting in more focused care (actual hours for both interventions are determined by the behavioral plan of care and interventions required).
 - ix. ABA must be provided by staff with appropriate training and/or certification. Behavior Technician staff providing direct services must be supervised by qualified staff for a minimum of one (1) hour out of every ten (10) hours of therapy.
- b. Treatment Methodology:** Treatment methodology will use an ethical, positive approach to any serious behaviors (e.g., self-injury, aggression) based on a comprehensive assessment of skills deficits and maladaptive behavior repertoires, including direct methods, indirect methods, and/or the systematic manipulation of variables (functional analysis) performed by a qualified professional. The use of restraints, seclusion, and aversive techniques are prohibited by the Michigan Department of Health and Human Services (MDHHS) in all community settings.

- c. **Transportation:** Non-Emergency Transportation as a covered medically necessary service may be used to transport a CONSUMER. If transportation while providing ABA treatment is medically necessary, there needs to be one person driving the vehicle and one person providing the direct ABA. If there is not a driver, separate from the behavior technician providing services, the behavior technician must not bill for direct ABA services during that transportation time. The case of medical necessity will be confirmed by a code for Non-Emergency Transportation (a covered service separate from the BHT benefit) in the CONSUMER's person-centered plan of service along with clearly established conditions, including policies/procedures to address the use of the service, staff credentialing and requirements, and if ABA will be provided during the transport then health and safety of the service setting should be addressed. PAYOR strives to reduce transportation barriers to accessing services, using the best quality, CONSUMER-friendly, cost-efficient means possible. Transportation services are not a guaranteed benefit and are limited by the availability of PAYOR funding during each fiscal year.

III. DOCUMENTATION/REPORTING REQUIREMENTS:

- a. **Transportation Logs:** PROVIDER must maintain documentation for transportation provided to a CONSUMER including name of transporter and whether or not ABA services were provided during transport. If ABA services are provided by a BT, the name of the BT must also be included.
- b. **Direction/Supervision Logs:** Supervision Logs that indicate the date, duration, and content of supervision will be maintained for each CONSUMER and submitted for verification, as outlined in *Attachment C – Local Practices & Reporting Requirements*. Logs must include supervisor name and signature, staff name, client name. PROVIDER is responsible for maintaining a tracking system to ensure the minimum ten percent (10%) supervision compliance ratio is met.
- c. **Family Training Progress Notes:** Family training notes should include date, content, duration, and family member receiving training and staff providing the training as outlined in *Attachment C- Local Practices & reporting Requirements*. If provided to more than one family member progress note is required for each consumer's family member. Credentialing of BHT Supervising staff, as indicated in the MDHHS issued provider qualifications code chart, providing the service will need to be submitted on the first month of providing service.
- d. **Social Skills Group Progress Notes:** Adaptive Behavior Social Skills Group notes should indicate date, content, and duration of treatment session, and signature of BHT Supervisor facilitating the group and submitted as outlined in *Attachment C – Local Practices & Reporting Requirements*. Credentialing of BHT Supervising staff, as indicated in the MDHHS issued provider qualifications chart, providing the service will need to be submitted on the first month of providing service.
- e. **Group Adaptive Behavior Treatment:** Administered by technician. Progress note of group should include date, content, duration of treatment session, and signature of technician providing the service and submitted as outlined in *Attachment C – Local Practices & Reporting Requirements*.

Telemedicine: Telemedicine, the use of telecommunication technology to connect with the CONSUMER, must only be utilized when there is clinical benefit to the CONSUMER. Telemedicine must be identified in the IPOS as an identified treatment modality for the CONSUMER. All services provided via telemedicine must meet all the quality and specifications as would be if performed in-person. Furthermore, if while participating in the visit the desired goals of the beneficiary and/or the provider are not being accomplished, either party must be provided the opportunity to stop the visit and schedule an in-person visit instead. It must occur through real-time interaction between the CONSUMERS physical location and the PROVIDERs physical location Telemedicine through hardwire or internet connection. Qualified providers use of providing telemedicine as part of an array of comprehensive services that include in person visits may use it for family guidance (to teach caregivers telemedicine to provide individualized interventions and to support the technician providing the direct ABA services. The provider of the telemedicine service may only monitor one child/family at

a time. The administration of telemedicine services are subject to the same provision of services that are provided to a patient in person. Providers must ensure the privacy of the child and secure any information shared via telemedicine.

The technology used must meet the requirements of audio and visual compliance in accordance with current regulations and industry standards. Refer to the General Information for Providers Chapter of this manual for the complete Health Insurance Portability and Accountability Act (HIPAA) compliance requirements.

The patient site may be located within a center, clinic, at the patient's home, or any other established site deemed appropriate by the provider. The room must be free from distractions that would interfere with the telemedicine session. A facilitator must be trained in the use of the telemedicine technology and be physically present at the patient site during the entire telemedicine session to assist the patient at the direction of the qualified provider of behavioral health. Refer to the Telemedicine Services database on the MDHHS website for appropriate or allowed telemedicine services that may be covered by the Medicaid Health Plan or by Medicaid Fee-for-Service.

- f. **ABA Exposure Adaptive Behavior Treatment:** Double staffing treatment notes should include date, content, duration of session, and signature of both staff performing the service.
- g. **Behavioral Assessment:** A developmentally appropriate applied behavior analysis (ABA) assessment process must identify strengths and weaknesses across domains and potential barriers to progress. The information from this process is the basis for developing the individualized behavioral plan of care with the individual, family, and treatment planning team. Behavioral assessments can include direct observational assessment, record review, rating scales, data collection, functional or adaptive assessments, structured interviews, and analysis by a qualified behavioral health professional (QBHP), or other qualified provider. Behavioral assessment tools must describe specific levels of behavior at baseline to inform the individual's response to treatment through ongoing collection, quantification, and analysis of the individual's data on all goals as monitored by a QBHP, or other qualified provider. Documentation of the signed assessment, along with evidence of measurable progress will be forwarded to the PAYOR within time frame specified. Evidence of improvement is required in order to continue the level of service. To the extent possible, a risk-benefit analysis should be conducted on the procedures to be implemented to reach the objective. The description of program objectives and the means by which they will be accomplished is an ongoing process throughout the duration of the CONSUMER-practitioner relationship. PROVIDER is responsible for maintaining a tracking system to ensure assessments are completed every six months from the initial assessment date. In the event of non-compliance by the PROVIDER the PAYOR may withhold payment in the event the above noted items have not been received.
- h. **Follow Up/Functional Behavior Assessment / FBA:** If necessary, a functional assessment may be conducted in addition to the semi-annual assessments in an attempt to understand more significant behavioral challenges. If there are significant reasons where an FBA is needed to occur more than two times per year, then an authorization must be received prior to service delivery. Results of the functional assessment should be used to develop other plans such as IPOS, ABA Plan, Positive Support Plan, etc (Refer to Section V. and Attachment B).
- i. **Annual ABA Plan/Behavior Support Plan:** The comprehensive individualized ABA behavioral intervention plan shall be part of the child's IPOS (Person Centered Plan, ABA plan, Person Centered Pre-Plan, and Attachment D - ABA authorization form) and will identify specific targeted behaviors for improvement and shall include measurable, achievable, and realistic goals for improvement. The actual hours to be provided must be reflected in the IPOS and cannot exceed those approved in the Person-Centered Plan. Any change in ABA schedule that may impact hourly utilization needs to be communicated to the case manager and PAYOR before the change occurs. As deemed appropriate, a Positive Support Plan will be developed in conjunction with the ABA behavioral interventions to address disruptive, intrusive, or stereotypical behaviors associated with autism. Any plan with restrictive and intrusive techniques (some examples may include buckle buddies, safety mats or helmets, response

cost, 2:1 staffing, etc will need to be approved by the Behavior Treatment Committee prior to implementation and according to each CMH's local policies. -.

- j. **Compensation:** The PROVIDER shall be reimbursed for services rendered under this Agreement in accordance with *Attachment B – Service Codes and Rates*. Rate changes shall require written amendment to this Agreement. Rates are all-inclusive. The costs associated with supervision, time, documentation, supplies, testing materials and as well as other functions and materials, are included in the rate.
- k. **Dual Insurance:** PROVIDER is required to determine if the CONSUMER is dually insured, prior to submitting claims to PAYOR and at a minimum of monthly. In instances when the CONSUMER has dual insurance (i.e., Blue Cross and Medicaid), the PROVIDER must bill the commercial insurance first. Medicaid is always the PAYOR of last resort. It is the PROVIDER's responsibility to follow all insurance rules and collect directly from the primary insurance. In order to qualify for any Medicaid benefit, CONSUMER must be receiving services through the CMH where services are being authorized and the PROVIDER must first obtain the Authorization Form from the PAYOR. The PROVIDER must notify the PAYORS in writing that the CONSUMER is dually insured. This should occur prior to ABA treatment beginning under the BHT benefit. If requirements are met as described, the PROVIDER must submit the actual EOBs from the primary insurance to the PAYOR in order to receive consideration of payment through Medicaid. The Medicaid benefit will only reimburse the PROVIDER for the difference between any primary insurance payment and the PROVIDER's contracted rate with PAYOR. The PROVIDER may not seek nor accept additional or supplemental payment from the CONSUMER, their family, or other representative when the CONSUMER is enrolled in the BHT benefit. The PROVIDER must notify the PAYOR of any changes to the CONSUMER's primary insurance at any time during treatment.
- l. **ABA During School Hours:** The Michigan Medicaid Provider Manual (MMPM) states, "supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant responsibilities of educational or other authorities."

CONSUMER's IPOS specify how identified supports and services will be provided as part of an overall, comprehensive set of supports and services that does not duplicate services that are the responsibility of another entity, such as a private insurance or other funding authority, and do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the child through a local education agency. The CONSUMER's school schedule must be identified in the Individual Education Plan (IEP) and provided to the PAYOR.

- m. **Transition and Discharge:** The desired BHT goals and outcomes for discharge should be specified at the initiation of services, monitored throughout the duration of service implementation, and refined through the behavioral service level evaluation process. Transition and discharge from all BHT services should generally involve a gradual step-down model and require careful planning. Transition and discharge planning from BHT services should include transition goal(s) within the behavioral plan of care or plan, or written plan, that specifies details of monitoring and follow-up as is appropriate for the individual and the family or authorized representative(s) utilizing the PCP process. Discharge from BHT services should be reviewed and evaluated by a qualified BHT professional for children meeting the criteria outlined in the MI PROVIDER Manual (18.8 Transition and Discharge Criteria).

IV. **Staff Qualifications and Staff Training**

- a. Prior to providing any billable services, the PROVIDER must assure all staff meet the qualifications, including background checks, in accordance with the CMHSP participant policy and MDHHS PROVIDER Qualifications requirements. The PROVIDER will maintain documentation of all staff credentials and will submit all required documents related to licensing, certifications, and transcripts for current BHT staff as requested by the PAYOR. All new BHT staff must be credentialed prior to providing services. Failure to provide verification could result in loss of payment for services provided by that staff.

- b. **PROVIDER Training:** PROVIDER agrees to obtain, at its own expense, ongoing training, and supervision according to applicable mental health practices and the licensing, credentialing or other qualifications policies, procedures or regulations of the State of Michigan and/or PAYOR as outlined in *Attachment E PAYOR Training Requirements*. PROVIDER shall furnish a written summary of such training and supervision efforts to PAYOR upon request.

V. **SERVICE ACCESS, PREAUTHORIZATIONS, DELIVERY, AND UTILIZATION MANAGEMENT PROCEDURES**

- a. PROVIDERS conducting diagnostic or behavioral assessments who also provide additional services outside of the ABA service array (CLS, Respite, Personal Care) for the same CONSUMER must notify the PAYOR. PAYOR may request an additional review and/or authorization of the recommended number of treatment hours.
- b. ABA services shall be provided based on medical necessity in the quantity, scope and duration authorized, and at times specified in the CONSUMER's Individual Plan of Service. Addendums to the Plan shall authorize changes to the quantity of services as well. Services provided in excess of authorizations or prior to authorization shall not be reimbursed by the PAYOR.
- c. The PROVIDER must maintain a copy of the most recent Individual Plan of Service and any changes via Authorization Forms for each CONSUMER receiving services under this agreement.
- d. PROVIDERS may request changes to authorized hours-via an ABA Authorization Form Attachment D or other acceptable form by PAYOR
- e. The PAYOR shall provide the PROVIDER access to necessary clinical, social, and demographic information and documentation to foster continuity of care.
- f. The PAYOR is responsible for monitoring CONSUMER services under this Agreement and its corresponding exhibits.
- g. The PROVIDER is responsible for providing the individual services and supports as noted under this Agreement and its corresponding exhibits. PAYOR may request an additional review and/or authorization of the recommended number of treatment hours.
- h. The PAYOR and PROVIDER are equally responsible for communicating all pertinent information with each other in order to promote continuity of care.
- i. The PAYOR shall provide 24-hour community crisis intervention services which the PROVIDER may access as needed for support, intervention, and general communication of information at times of CONSUMER crises.
- j. The PROVIDER shall complete and furnish all service documentation as well as PROVIDER credentials as requested by PAYOR and in a timely manner.

VI. **BILLING OF AND PAYMENT FOR VALID SERVICE REIMBURSEMENT /CLAIMS SUBMISSION**

- a. **Claims:** All claims should be received by the PAYOR within the timeframe indicated in *Attachment C – Local Practices & Reporting Requirements* and should be free and clear of any problems and able to be processed for payment consideration without obtaining additional information from the PROVIDER of the service or a third party. It does not include a claim from a PROVIDER who is under investigation for fraud or abuse, or a claim under review for medical necessity. In cases where a Clean Claim is not submitted by the PROVIDER within one (1) year of the CONSUMER's date of service, the PAYOR shall

not be required to authorize payment, unless otherwise mutually agreed upon in advance between the PROVIDER and the PAYOR. PROVIDER shall submit claims within ninety (90) calendar days of service and not to exceed forty-five (45) days from end of each fiscal year ending September 30th; or within thirty (30) calendar days of receipt of remittance advice from PAYORs precedent to the AUTHORITY, not to exceed a year from date of service.

- b. **Manner/Method of Claim Submission:** PROVIDER shall be responsible for submitting claims for payment consideration in accordance with standard claims processing requirements of the PAYOR. The PAYOR shall not be responsible for processing claim(s) for payment consideration for any claim submitted by the PROVIDER that is inconsistent with national and/or state claim submission and processing guidelines. PAYOR, at its discretion, may require all claims to be submitted with all proper documentation for purposes of auditing the claim prior to reimbursement.
- c. **Reimbursement Rate for Valid Claims Payments.** The PAYOR shall make contractual payments to the PROVIDER in accordance with the requirements of the Mental Health Code, the MDHHS Rules, the MDHHS/CMHSP Master Contract, and applicable state and federal laws, including Medicaid regulations.
- d. **Requirements for and Limitations for Billing of Claims and Payments of Clean Claims.** The PROVIDER shall submit a periodic billing statement with valid claims for each period in which PAYOR-authorized services are rendered under this Agreement. All periodic billing statements of the PROVIDER shall specify billable services hereunder. In order to be considered valid claims for which payments from the PAYOR may be made, the PROVIDER's billing of service claims must be received by the PAYOR as outlined in *Attachment C – Local Practices & Reporting Requirements* following the completion of the period in which the services were rendered hereunder. The PAYOR shall authorize and process service claims payments to the PROVIDER within thirty (30) days following receipt of a complete and accurate billing statement from the PROVIDER.

The PROVIDER's submittal of valid claims for any service fees hereunder shall constitute PROVIDER's verification that the required services and service documentation have been completed, in compliance with the reimbursement requirements of the PAYOR, the MDHHS, Medicaid, and/or third party reimbursers and is on file currently. If the PROVIDER's services and service documentation are not in compliance with the reimbursement requirements of the MDHHS, the PAYOR, Medicaid, and/or third party reimbursers, the PROVIDER shall not be paid and/or shall return payments received from the PAYOR in such instances.

- e. Denial of payment due to non-compliance with claims submission and/or financial requirements may be appealed in accordance with the PAYOR's PROVIDER appeal policy and/or procedure.
- f. The PAYOR may request the PROVIDER to submit documentation to receive payments as Electronic Funds Transfers (EFT)/Direct Deposits before payment can be made. The PROVIDER is required to update the PAYOR any time this information has changed. These forms will be provided to the PROVIDER or can be obtained from the PROVIDERPAYOR's website. Said contract reconciliation shall be completed in full compliance with the Mental Health Code, the MDHHS Rules, the MDHHS/CMHSP Master Contract for General Funds, the MDHHS/PIHP Master Contract for Medicaid Funds and applicable State and federal laws, including Medicaid regulations. If PAYOR does not offer payments via EFT, the PROVIDER must supply a valid remit to address and advise PAYOR in writing of any changes to their address.
- g. **Revenue/Cost Projections; Subsequent Rate Determinations.** The PROVIDER, upon request by the PAYOR, shall provide the PAYOR with projected revenue and cost analyses (using formats acceptable to the parties) and all source documents for review in the subsequent determination by the PAYOR of the claims reimbursement methodology/rate(s) for authorized supports/services hereunder.
- h. **Determination of Financial Status and Benefits Status of the CONSUMER.** For the CONSUMER served under this Agreement, the PAYOR's staff shall complete an initial determination and periodic predeterminations of financial status and public and/or private benefits status. The PAYOR shall be responsible for establishing the CONSUMER's eligibility for third party reimbursement status,

Supplemental Security Income benefit status, and other benefits status, if any. The PROVIDER's staff will assist the PAYOR's staff, when possible, in securing and maintaining such benefits status of the CONSUMER hereunder. The PROVIDER's staff shall make pertinent sections of recipient program records available to appropriate staff of the PAYOR as required to meet the obligations hereunder.

- i. **Coordination of Benefits.** The PROVIDER shall submit itemized claims for coordination of benefits (COB) billing purposes detailing the daily revenue code to fulfill PAYOR'S State of Michigan reporting and COB requirements. Any dual eligible CONSUMER with a deductible/coinsurance will be paid by the PAYOR in total up to the agreed upon payment amount for the billed service(s) identified in this agreement after all other payments, contractual adjustments, and any applicable co-payment, CONSUMER pay, or Medicaid Spend Down amounts have been deducted. The PAYOR shall only be responsible for and limit reimbursement to the PROVIDER for any amount less than the agreed upon amount for the billed service(s) identified in this agreement. In cases where third party coverage reimbursement exceeds the agreed upon amount for the billed service(s) identified in this agreement, no additional payment will be authorized the PAYOR. In all cases where the PAYOR is the secondary PAYOR, the PROVIDER shall submit an Explanation of Benefits (EOB) from the primary insurance coverage carrier along with the claim for service reimbursement to the PAYOR.
- j. **Third Party Liability Requirements.** The PROVIDER is required to identify and seek recovery from all liable third parties, consistent with the requirements of the Mental Health Code, the MDHHS/CMHSP Master Contract for General Funds and with the MDHHS/PIHP Master Contract for Medicaid Funds. The PROVIDER shall be responsible under this Agreement for seeking support/service reimbursements, if applicable, from third party liability claims for the CONSUMER hereunder, pursuant to federal and State requirements. The PROVIDER shall not seek or collect any support/service fee payments directly from the CONSUMER, legal guardian, parents or relatives, etc. or any reimbursement fee payments from Medicare, and/or private insurers, the State of Michigan, health maintenance organizations, or other managed care entities acting on behalf of private insurers, etc., for PROVIDER's supports/services rendered hereunder, unless authorized to do so, in writing, by the PAYOR.
- k. **Payment in Full.** Payments from the PAYOR for valid claims for PAYOR authorized supports and services rendered by the PROVIDER to the PAYOR's CONSUMER under this Agreement shall constitute payment in full. The PROVIDER shall be solely responsible for its payment obligations and payments to its subcontractors, if any, for performing supports and services required of the PROVIDER under this Agreement. Payments from the PROVIDER to its subcontractors for performing supports and services required of the PROVIDER hereunder shall be made on a timely basis and on a valid claim basis.

The PROVIDER and/or its subcontractors, if any, shall not seek or collect any support/service fee payments directly from the CONSUMER, legal guardian, parents or relatives, etc., unless specifically authorized by the PAYOR, in writing, to do so. It is expressly understood and agreed by the PROVIDER that:

1. The PROVIDER and/or its subcontractors shall not require any co-payments, recipient pay amounts, or other cost sharing arrangements for the PROVIDER's supports/services required hereunder and/or for supports/services of a subcontractor, unless specifically authorized by the PAYOR, the State or federal regulations and/or policies thereof.
2. The PROVIDER and/or its subcontractors shall not bill the individual for any difference between a supports/services charge of the PROVIDER nor of a subcontractor and the PAYOR's payment for the PROVIDER's supports/services required hereunder.
3. The PROVIDER and/or its subcontractors shall not seek nor accept additional supplemental payments from the individual, his/her family, or representative, for the PROVIDER's supports/services required hereunder and/or for the supports/services of a subcontractor. The PROVIDER shall not bill CONSUMER for missed appointments or fee associated with no-show, per [Medicaid Provider Manual](#).

- l. Refunding of Payments.** The PROVIDER shall not bill the PAYOR for supports/services rendered hereunder in any instances in which the PROVIDER received monies directly for them from another funding source or from another party that provides for, reimburses, offsets, or otherwise covers payment retroactively, currently, or subsequently for such supports/services. At any time it is determined, after supports/services claims reimbursement to the PROVIDER has been made by the PAYOR, that the PROVIDER received monies directly for the supports/services from another funding source or from another party that provides for, reimburses, offsets, or otherwise covers payment retroactively, currently, or subsequently for such supports/services, the PROVIDER shall refund to the PAYOR an amount equal to the sums reimbursed by third party PAYORs and/or paid by any other source. The PROVIDER shall notify the PAYOR immediately of any receipt of such monies for such purposes hereunder.
- m. Unallowable Supports/Services/Cost Claims and Financial Paybacks.** Should the PROVIDER fail to fulfill its obligations as specified in this Agreement, thereby resulting in unallowable Medicaid or non-Medicaid program supports/services or costs/claims, it shall not be reimbursed by the PAYOR hereunder for any such supports/services and/or cost claims; thereto, the PROVIDER shall repay to the PAYOR as financial paybacks of any claims payments made by the PAYOR to the PROVIDER for unallowable supports/services and/or cost claims. This requirement shall survive the termination of this Agreement and such repayment shall be made by the PROVIDER to the PAYOR within sixty (60) days of PAYOR's final disposition notification to the PROVIDER that financial payback by the PROVIDER is required.
- n. Compliance.** If the PROVIDER does not remain in compliance with the applicable requirements of this Agreement, in the sole judgement of the PAYOR, the PAYOR may take actions to void, pend or deny claims, initiate recoveries and/or sanctions, or take other actions as reasonably necessary to compel PROVIDER compliance.
- o. Disallowed Expenditures and Financial Repayments.** In the event that the MDHHS, the PAYOR, the State of Michigan, or the federal government ever determines in any final revenue and expenditure reconciliation and/or any final finance or service audit that the PROVIDER has been paid inappropriately per the PAYOR's expenditures of federal, state, and/or local funds under this Agreement for Medicaid or non-Medicaid program supports/services claims, and/or cost claims which are later disallowed, the PROVIDER shall fully repay the PAYOR for such disallowed payments within sixty (60) days of the PAYOR's final disposition notification of the disallowances, unless the PAYOR authorizes, in writing, additional time for repayment.

Attachment B – Service Codes and Rates

Code	Service Description	Modifiers	Reporting Units	PROVIDER Type	BCBA	BCaBA	QBHP	LP/LLP	BT	Notes
97151	ABA Behavior Identification Assessment	AH, HN, HO, HP, ST, U5	Per 15 minutes	BCBA, BCaBA, QBHP, or LP/LLP	\$30.00	\$21.25	\$30.00	\$30.00		
0362T	Behavior Follow-Up Assessment	AF, AG, AH, HN, HO, HP, SA	Per 15 minutes	BCBA, BCaBA, QBHP, or LP/LLP	\$30.00	\$21.25	\$30.00	\$30.00		
97153	ABA Adaptive Behavior Treatment, individual	AF, AG, AH, HM, HN, HO, HP, SA, TD	Per 15 minutes	BCBA, BCaBA, QBHP, LP/LLP, or BT	\$15.32	\$15.32	\$15.32	\$15.32	\$14.33	
97154	ABA Adaptive Behavior treatment, group	AF, AG, AH, HM, HN, HO, HP, TD, SA	Per 15 minutes	BCBA, BCaBA, QBHP, LP/LLP, or BT	\$5.27	\$5.27	\$5.27	\$5.27	\$4.90	Minimum 2 consumers; maximum 8 consumers
97155	Clinical Observation and Supervision	AH, HN, HO, HP	Per 15 minutes	BCBA, BCaBA, QBHP, or LP/LLP	\$30.00	\$21.25	\$30.00	\$30.00		
97156	Family training	AH, HN, HO, HP	Per 15 minutes	BCBA, BCaBA, QBHP, or LP/LLP	\$30.00	\$21.25	\$30.00	\$30.00		
97157	Family training, multiple families	AH, HN, HO, HP	Per 15 minutes	BCBA, BCaBA, QBHP, or LP/LLP	\$ 12.00	\$ 8.50	\$ 12.00	\$ 12.00		
97158	Adaptive Behavior Treatment Social skills group	AH, HN, HO, HP	Per 15 minutes	BCBA, BCaBA, QBHP, or LP/LLP	\$ 8.57	\$ 6.07	\$ 8.57	\$ 8.57		
0373T	Direct treatment, requiring two or more technicians	AF, AG, AH, HM, HN, HO, HP, SA	Per 15 minutes	BCBA, BCaBA, QBHP, LP/LLP, or BT	\$30.22	\$29.07	\$ 30.22	\$30.22	\$ 27.33	Requires: (2) BCBAs/BCaBAs or (2) BTs

MODIFIERS:

Modifier	Description	Applies To
AF	Specialty Physician	97153-54; 0362T; 0373T
AG	Physician	97153-54; 0362T; 0373T
AH	Clinical Psychologist provided service	97151-97158; 0362T; 0373T
HM	Less than Bachelor's Level provided service	97153-54; 97158; 0373T
HN	Bachelor's Level provided service	97151-97158; 0362T; 0373T
HO	Master's Level provided service	97151-97158; 0362T; 0373T
HP	Doctoral Level provided service	97151-97158; 0362T; 0373T
SA	PA, NP, CNS	97153-54; 0362T; 0373T
ST	Related to Trauma or Injury	97151
TD	Registered Nurse	97153-54;
U5	Autism (State defined modifier)	97151

PLACE OF SERVICE CODES:

Code	Name	Description
02 & 10	Telemedicine	<i>As allowable as identified and in effect, in the Bureau of Specialty Behavioral Health Services-Telemedicine Database.pdf (michigan.gov) Chart</i>
03	School	A facility whose primary purpose is education (effective January 1, 2003).
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.

SAME TIME SERVICE REPORTING:

- 97155 (clinical observation and direction) must be reported face-to-face simultaneously with a BT delivering direct hands-on ABA service with an individual (i.e., 97153, 97154, and 0373T ABA service codes).
- Family training/guidance code 97156, without the individual present; this code can be rendered at the same times as another face-to-face service is rendered to the individual by another qualified professional.
- Family training/guidance code 97157, without the individual present; this code can be rendered at the same times as another face-to-face service is rendered to the individual by another qualified professional.

Attachment C – Local Practices and Reporting Requirements

PAYOR CONTACTS

Department/Function	Name	Phone	Email
Authorizations	Mary Schrier	989-772-5938	mschrier@cmhcm.org
Billing/Reimbursement	Accounts Payable	989-772-5938	payables@cmhcm.org
Reporting Requirements	Amanda Shanabrook	989-772-5938	ashanabrook@cmhcm.org
Recipient Rights	CMHCM Office of Recipient Rights	1-800-317-0708 989-772-5938	rights@cmhcm.org
Other:	Amanda Shanabrook	989-772-5938	ashanabrook@cmhcm.org

REPORTING REQUIREMENTS

Report	Due Date	Method of Submission
Supervision Logs	Prior to billing	<input type="checkbox"/> Email: <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Other:
Family Training Progress Notes	Prior to billing	<input type="checkbox"/> Email: <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Other:
Social Skills Group Progress Notes	Prior to billing	<input type="checkbox"/> Email: <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Other:
Group Adaptive Behavior Treatment Progress Notes	Prior to billing	<input type="checkbox"/> Email: <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Other:
ABA Exposure Adaptive Behavior Treatment Progress Notes	Prior to billing	<input type="checkbox"/> Email: <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Other:
Semi-Annual Reviews of Progress	Prior to billing	<input type="checkbox"/> Email: <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Other:
Staff Credentials Verification (Attachment F)	Prior to service provision; clinicians must be trained in CIGMMO before providing services	<input checked="" type="checkbox"/> Email: ashanabrook@cmhcm.org <input type="checkbox"/> EHR <input type="checkbox"/> Other:
Clean Claims Submission	60 days of the CONSUMER's date of service	<input type="checkbox"/> Email: <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Other:
Criminal Background Checks, , – (ICHAT (or a search that reveals information substantially similar to information found on ICHAT)) Upon hire and:	<input checked="" type="checkbox"/> Annually <input type="checkbox"/> Biennially	<input checked="" type="checkbox"/> Email: ashanabrook@cmhcm.org for CBCs completed upon hire <input type="checkbox"/> EHR <input checked="" type="checkbox"/> Other: PROVIDER will maintain annual CBC reports and supply to CMHSP upon request.
Sanction Checks (OIG, SAM.gov, MDHHS),	<input checked="" type="checkbox"/> Monthly	

Upon hire and:		
MDHHS Central Registry Checks, National Sex Offender Registry, Michigan Sex Offender Registry (Central Registry check for new employees, subcontractors, subcontractor employee, or volunteers who are under this contract working with children.) Upon hire	<input checked="" type="checkbox"/> Initially	
Incident Reports	Within 24 hours of incident	<input checked="" type="checkbox"/> Email: rights@cmhcm.org <input type="checkbox"/> EHR <input type="checkbox"/> Other:

CMHCM Claims Submission Process:

1. CONTRACTOR responsibilities:
 - a. The CONTRACTOR shall submit claims for CMHCM-authorized services rendered under this Agreement.
 - b. All monthly billing statements of the CONTRACTOR shall specify billable services to each consumer.
 - c. In order to be considered clean claims for which payments from CMHCM may be made, the claim(s) must be complete, timely, accurate, and ready for processing without obtaining additional information from the CONTRACTOR or third party. The CONTRACTOR's billing of services claims must be received by CMHCM within ten (10) days of the end of the month in which services were provided or within thirty (30) days of receipt of the EOB from the third party payor when third party coordination of benefits is an issue.
 - d. For services not covered by insurance, the CONTRACTOR shall bill insurance one time per year to receive denial prior to billing CMHCM for that service.
 - e. If the CONTRACTOR's claim is denied as reported on the EOB available to the CONTRACTOR, it is the responsibility of the CONTRACTOR to make necessary corrections and resubmit within sixty (60) days of the date of service.
 - f. The CONTRACTOR's submittal of a billing statement of claims for any reimbursement hereunder shall constitute the CONTRACTOR's verification that the required services and documentation have been completed, in compliance with the reimbursement requirements of CMHCM, the MDHHS, Medicaid, Medicare, and/or third party reimbursers and is on file currently.
 - g. If the CONTRACTOR's services and service documentation are not in compliance with the reimbursement requirements of CMHCM, the MDHHS, Medicaid, Medicare, and/or third party reimbursers, the CONTRACTOR shall not be paid and/or shall return payments received from CMHCM.
 - h. The CONTRACTOR shall ensure that all services billed do not overlap with other services and are not concurrent with other services billed for.
 - i. Claims/data that is more than sixty (60) days past due may not be processed and/or reimbursed. The deadline for end of year claims/data submission is October 25th.
2. CMHCM responsibilities:
 - a. CMHCM shall authorize and process claims payments to the CONTRACTOR within thirty (30) days following receipt of a clean claim from the CONTRACTOR.
 - b. When third party payors are not involved, any claims received more than sixty (60) days after the date of service may not be paid by CMHCM.

Autism Benefit ABA Authorization Form

This form is to be completed in its entirety and submitted to MSHN's autism staff via fax at 517.253.7552 or email at autismbenefit@midstatehealthnetwork.org. If the form has missing information, the appropriate CMHSP contact person will be notified and responsible for immediate submission of the missing information. In the event immediate response is not received, the form will be returned to the CMHSP contact via email for completion.

☐ **INITIAL (Start Date of ABA):** ☐ **UPDATE (Effective Date of Change):**

☐ Annual ☐ Mid-Year Change ☐ Change in Provider

Consumer Name:	CMHSP:
Medicaid ID:	DOB:
Type of Insurance: <input type="checkbox"/> Medicaid Only <input type="checkbox"/> Dual Insurance	
ABA Provider:	BHT Supervisor Name:
BHT Supervisor Credential: <input type="checkbox"/> BCBA <input type="checkbox"/> BCaBA <input type="checkbox"/> QBHP	Treatment Plan Date:

SERVICES AUTHORIZED			
Code	Service Description	Units Authorized	Frequency (Choose one: weekly, monthly, quarterly, every 6 months, annually, or duration of plan)
<input type="checkbox"/> 97151	ABA Behavior Identification Assessment		
<input type="checkbox"/> 0362T	Behavior Follow-Up Assessment		
<input type="checkbox"/> 97153	ABA Adaptive Behavior Treatment, Individual		
<input type="checkbox"/> 97154	ABA Adaptive Behavior Treatment, Group		
<input type="checkbox"/> 97155	Clinical Observation and Direction		
<input type="checkbox"/> 97156	Family Training		
<input type="checkbox"/> 97157	Family Training, multiple families		
<input type="checkbox"/> 97158	Adaptive Behavior Treatment, Social Skills Group		
<input type="checkbox"/> 0373T	Direct Treatment, requiring two or more technicians		

Attachment E –Training Requirements

I. MSHN Required Trainings:

MSHN Regional Minimum CMHSP/SUD Training Requirements				
Source Document Key: 1. Balanced Budget Act 2. Health Insurance Portability and Accountability Act (HIPAA) 3. Deficit Reduction Act 4. Michigan Department of Health & Human Services (MDHHS) 5. Michigan Administrative Code 6. Michigan Mental Health Code 7. Occupational Safety & Health Administration (OSHA) 8. Code of Federal Regulations 9. MSHN SUD Provider Manual			Autism Service Providers	
			Behavior Technicians	BCaBA BCBA LLP QBHP QLP
Training	Requirements	Source	Renewal Key: I = Initially A = Initially & Annually 2 = Initially & every 2 years	
Assertive Community Treatment (ACT)	180 days of hire for work in ACT	4		
Advance Directives	90 days of hire	1, 4		
Appeals & Grievances	90 days of hire	1, 4, 6		A
Corporate & Regulatory Compliance	90 days of hire	1, 3	A	A
CPR & First Aid	30 days of hire	4, 5, 8	first aid only*	
Cultural Competency & Diversity	1 year of hire	4, 6, 8	A	A
DECA	Prior to conducting assessments	4		
Environmental Safety/Emergency Procedures	1 year of hire	5, 6	I	I
Health Management - (Blood Borne Pathogens/Infection Control)	30 days of hire	4, 5, 6, 7	A	A
HIPAA Privacy & Security	30 days of hire	2, 4, 5, 8	A	A
IDDT/COD	90 days of hire	4		
Limited English Proficiency (LEP)	90 days of hire	1, 4	A	A
Medication Administration	90 days of hire	5	I - if passing meds	I - if passing meds

MichiCANS	Prior to conducting assessments	4		
Non-Physical Intervention (Verbal De-escalation)	90 days of hire	8	I	I
Person-Centered Planning	30 days of hire	4, 6, 8	A	A
Recipient Rights	30 days of hire	4, 5, 8	A	A
Self Determination	90 days of hire	4		
Trauma Informed Care	90 days of hire	4	I	I
LOCUS (MI Adults)	90 days of hire	4		
SUD Standardized Tool (GAIN I-Core or ASAM)	120 days of hire	4		

*2 years or Based on Certification Length set by the training entity (i.e., American Red Cross, ASHI, AHA, etc.)

** SUD training to include Prevention of Communicable Diseases

*** Applies only to clinicians conducting assessments (H0001); Standardized tool to be determined and announced.

****Staff providing services for individuals receiving waiver services (1915i. CWP, HSW, SEDW) must have initial and ongoing ES/EP training every **three** years.

^ While refreshers are not defined with a specific interval, The organization has a LOCUS training approach that promotes reliability, fidelity, and sustainability (Source: LOCUS; MIFast Results).

→ Customer Service staff must receive training as defined in MDHHS PIHP Customer Service Standards. SUD Treatment must complete training for BSAAS TP#5 (Welcoming)

→ IPOS training required for all CMH direct employed and contracted provider network staff working with individuals prior to providing services initially and as IPOS is updated

→ Additional training requirements may not be included on this training grid such as program specific training, service specific training, and position qualification related training as outlined in the MI Medicaid Provider Manual, MDHHS BH Code chart and Qualifications chart, and MDHHS policies and procedures.

This is a set of MSHN minimum training requirements and is not all inclusive to each individual CMHSP/SUD Provider. Any county, accreditation, evidence-based practice, or CMHSP specific training will be additionally documented by each CMHSP in their respective subcontracts. Not all requirements for accredited services (by CARF, etc.) are indicated.

II. CMHCM Required Trainings:

Please reference the Provider Network Handbook for more information on trainings:

<https://www.cmhcm.org/for-providers/provider-handbook.html>

1. Recipient Rights

You must complete an online "Rights of Recipients of Mental Health Services" training provided by

Community Mental Health for Central Michigan.

*This training **must** be completed within 30 days of beginning employment.*

2. **Recipient Rights Refresher Training**
Required Annually
3. **Corporate Compliance, Ethics, & Deficit Reduction Act Training**
Required Initially & Annually
4. **Person Centered Plan Training and Training Verification**
Required Initially & Annually
5. **Health Insurance Portability & Accountability Act (HIPAA)**
Required Initially & Annually
6. **Limited English Proficiency (LEP)**
Required Initially & Annually
7. **Cultural Competency/Diversity**
Required Initially & Annually
8. **First Aid Training**
Required for Behavior Technicians
9. **Infection Control/Blood Borne Pathogens**
Required Initially & Annually
10. **Safety & Fire Prevention**
Required Initially & Annually
11. **Sensitivity Training: Hearing Loss**
Required initially within 30 days
12. **Trauma Informed Care Training**
Required Initially within 90 days.
13. **Basic Medication Administration**
Required initially within 90 days for staff passing medications.
14. **Positive Approaches/Challenging Behaviors/Non-Aversive Techniques & Crisis Intervention –**
Required initially within 90 days.

Recipient Rights Training

All staff of Providers are required to complete Recipient Rights training no later than within 30 days of hire, and then annually thereafter. Providers must utilize a rights training curriculum which is consistent with Chapters 7 and 7A of the Mental Health Code and meets MDHHS and CMHCM approval. Please reference the [Training](#) section of this handbook for links to approved training.

Rights Name Checks

Providers are responsible for verifying any disqualified employees from the CMHCM Provider Network by submitting a request for a Rights Name check to rights@cmhcm.org prior to hire, and then annually thereafter.

Annual Reporting

All providers, regardless of location or service provided, are required to submit a [CMHCM ORR Log](#) to rights@cmhcm.org on an annual basis, which contains the following information:

- When (date) employees were hired.
- When (date) initial rights violation checks were completed for on all employees.
- When (date) completed initial recipient rights training (within 30 days of being hired).
- When (date) employees complete an annual recipient rights refresher

Attachment F – Autism PROVIDER Staff Credentials Verification



Credentialing must be completed prior to providing billable services. To credential an ABA Provider, send evidence of the requirements outlined below to Amanda Shanabrook at ashanabrook@cmhcm.org. Please see additional requirements on the FY24 MSHN Training Grid.

I = initial, prior to hire

A = within 365 days of initial

M = monthly

	BT	BCBA	BCaBA	QBHP	LP & LLP
Criminal Background Check	I, A	I, A	I, A	I, A	I, A
Michigan Central Registry Check	I	I	I	I	I
Federal Sex Offender Registry Check	I	I	I	I	I
State Sex Offender Registry Check	I	I	I	I	I
GSA / SAM Check	I, M	I, M	I, M	I, M	I, M
Michigan Sanctioned Provider Check	I, M	I, M	I, M	I, M	I, M
OIG Check	I, M	I, M	I, M	I, M	I, M
Licensed in the State of Michigan (LARA)		x	x		x
Proof of age (must be 18 or older)	x				
BACB - Registered Behavior Task List (40-hour training)	x				
QBHP Requirements (see below)				x	
LP & LLP Requirements (see below)					x
Certification through the BACB		x	x		
Evidence of BCBA Supervision			x	x	
Communicate expressively & receptively*	x				
Evidence of Consumer specific IPOS training	x	x	x	x	x
Evidence of Consumer specific ABA Treatment Plan training	x				

*evidence indicating person is able to communicate expressively & receptively in order to follow IPOS requirements, emergency procedures, and report on activities performed (evidence may include a college/university diploma, documentation from BCBA indicating Aide possess these skills, or job description requiring these skills)



QBHP Requirements

Is a physician or licensed practitioner in a mental health related field (e.g. APRN, Psychologist, Clinical Social Worker, PA, etc.) licensed in the State of Michigan.

~ OR ~

Holds a master's degree in a mental health related field from an accredited institution or a BACB approved degree category.

Has specialized training and one year experience in examination, evaluation, and treatment of children with ASD.

Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least three of the six following areas:

1. Ethical Considerations;
2. Definition & characteristics and principles, processes & concept of behavior
3. Behavioral assessment and selecting interventions, outcomes and strategies;
4. Experimental evaluation of interventions;
5. Measurement of behavior and developing and interpreting behavioral data;
6. Behavioral change procedures and systems supports

LP & LLP Requirements

LP = a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements.

~ OR ~

LLP = a doctoral or master level psychologist licensed by the State of Michigan. Limited psychologist master's limited license is good for one two-year period. Must complete all coursework and experience requirements.

Has specialized training and one year experience in examination, evaluation, and treatment of children with ASD.

Has extensive knowledge and training in behavior analysis defined as having documented course work at the graduate level (i.e. completion of 3 BACB evaluated graduate courses or BACB verified course sequence meeting specific standards toward certification) from an accredited university in at least three of the six following areas:

1. Ethical Considerations;
2. Definition & characteristics and principles, processes & concept of behavior;
3. Behavioral assessment and selecting interventions, outcomes and strategies;
4. Experimental evaluation of interventions;
5. Measurement of behavior and developing and interpreting behavioral data;
6. Behavioral change procedures and systems supports

Attachment G – Recipient Rights Policies & Attestation

In accordance with MCL 330.1752 Section 752, each community mental health services program, each licensed hospital, and each service PROVIDER under contract with the department, a community mental health services program, or a licensed hospital shall establish written policies and procedures concerning recipient rights and the operation of an office of recipient rights.

PROVIDER attests to the following policies and procedures providing for the safeguarding of the rights of CONSUMERS.

POLICIES & PROCEDURES

- 1.Complaint and Appeal Process
- 2.Consent to Treatment and Services
- 3.Sterilization, Contraception, and Abortion
- 4.Fingerprinting, Photographing, Audiotaping, and use of 1-way glass
- 5.Abuse and Neglect, including detailed categories of type of severity
- 6.Confidentiality and Disclosure
- 7.Treatment by Spiritual Means
- 8.Qualifications and Training for Recipient Rights Staff
- 9.Change in Type of Treatment
- 10.Medication Procedures
- 11.Use of Psychotropic Drugs
- 12.Use of Restraint
- 13.Right to be Treated with Dignity and Respect
- 14.Least Restrictive Setting
- 15.Services Suited to Condition
- 16.Comprehensive examinations
- 17.Freedom of movement
- 18.Use of seclusion

By signature below, PROVIDER acknowledges, agrees, and certifies that PROVIDER will accept and comply with the policies and procedures set forth in this attachment, as the same may be amended from time to time.

Jason Turk
Jason Turk (Oct 4, 2024 13:24 CDT)

Signature, PROVIDER Authorized Representative

Jason Turk
Print, PROVIDER Authorized Representative

Oct 4, 2024
Date

*Return this form with signed contract. *

Attachment H – Glossary and Definitions

Terms used in this Agreement shall be construed and interpreted as defined below:

ABA - Applied Behavior Analysis: A process of systematically applying a variety of evidence-based practices to improve socially significant behavior (e.g., those important for successful functioning in a variety of environments). ABA is founded in the scientific principles of behavior and learning and includes, but is not limited to, functional communication training, discrete trial training, reinforcement, prompting, incidental teaching, schedules, naturalistic teaching, shaping, and pivotal response training.

ABI Applied Behavioral Intervention: Per the Michigan 1915(i) State Plan Amendment, a less intensive and focal model of ABA where treatment is provided an average of 5 to 15 hours per week.

ABLLS-R Assessment of Basic Language and Learning Skills Revised: An assessment tool and treatment guide used for the evaluation and instruction of language and critical learner skills for CONSUMERS with autism or other developmental disabilities.

ADI-R Autism Diagnostic Interview Revised: A structured interview tool that may be used to diagnose Autism Spectrum Disorder (ASD), plan treatment, and distinguish autism from other developmental disorders.

ADOS-2 Autism Diagnostic Observation Schedule: An instrument that may be used in the diagnostic and assessment process for Autism Spectrum Disorder (ASD).

AFLS Assessment of Functional Living Skills: An assessment tool and treatment guide used for the evaluation and instruction of essential life skills so that individuals with Autism Spectrum Disorder (ASD) or developmental delays may live independently.

ASD - Autism Spectrum Disorder: A developmental disability affecting social skills, communication, and behavior. Abilities in these areas range depending on the individual.

Agreement: Means this Agreement whereby PAYOR purchases services on a subcontracted basis from the party designated as the "PROVIDER" in the introductory paragraph of this Agreement.

BACB - Behavior Analyst Certification Board: A national nonprofit corporation established to coordinate BCBA-D, BCBA, BCaBA, and RBT credentials.

BCaBA - Board Certified Assistant Behavior Analyst: A bachelor level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction under the supervision of a BCBA-D or BCBA.

BCBA-D - Board Certified Behavior Analyst- Doctoral: A doctoral level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.

BCBA - Board Certified Behavior Analyst: A master's level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.

BHT - Behavioral Health Treatment: The "umbrella" of behavioral interventions, including Applied Behavior Analysis (ABA), which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized substantial scientific and clinical evidence.

BPOC - Behavior Plan of Care: A behavior plan that defines how behavior goals in the child's IPOS will be attained.

BT - Behavior Technician: The individual responsible for the direct implantation of the BHT/ABA services under the supervision of a BCBA-D, BCBA, or BCaBA. A BT is not credentialed by the BACB.

BTPRC/BTRC - Behavior Treatment Plan Review Committee/Behavior Treatment Review Committee: The BTPRC/BTRC reviews and approves or disapproves treatment plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who exhibit aggressive, self-injurious, or other challenging behaviors.

CBI - Comprehensive Behavioral Intervention: An intensive BHT service level where services are provided an average of 16 to 25 hours per week (actual hours needed are determined by behavioral plan of care and interventions required).

CMHSP - Community Mental Health Services Program: A government contracted entity that manages mental health services for people enrolled in Medicaid.

Clean Claim: A clean claim is one that can be processed without obtaining additional information from the PROVIDER of the service or a third party and as further described in the Social Welfare Act, State of Michigan Statutes and Federal Statutes. It does not include a claim from a PROVIDER who is under investigation for fraud or abuse, or a claim under review for medical necessity.

CMHSP: Means the Community Mental Health Services Program operated under chapter 2 of the Michigan Mental Health Code - Michigan Public Act 258 of 1974 as amended.

Compliance Plan: Refers to the implementation of a systematic process designed to ensure that the organization is performing business functions in a manner in compliance with the prevailing federal and state laws concerning health care billing practices and fraud detection and/or prevention. These regulations include HIPAA, Stark I and II, Medicare/Medicaid anti-kickback statute and the False Claims Act.

CONSUMER: Means an individual who is an eligible person who is:

1. A resident of the service area, and
2. Is covered as a priority population under the Mental Health Code, and
3. Who meets the service eligibility criteria, and
4. Is receiving specialty supports and services under this Agreement.

CONSUMER, individual, recipient and patient are used interchangeably and refer to persons receiving services under the terms of this agreement.

CONSUMER Incident: Means events which include, but are not limited to, the following for persons living in 24-hour specialized residential settings: death of the recipient, any injury or medication error that requires emergency medical treatment or hospitalization, suspected abuse and neglect of a recipient, incidents that involve the arrest of a resident. Michigan law and rules promulgated thereto require the mandatory reporting of such matters within 48 hours for persons in licensed residential settings. Incidents shall be reported to the PAYOR through the incident reporting procedures.

Co-Payment: Means a payment made to the PROVIDER by the CONSUMER in accordance with the recipient's personal health care insurance plan.

Covered Services: All authorized mental health care services offered within the PROVIDER's current level of credentialing, rendered to a PAYOR-referred or authorized CONSUMER for which the PAYOR is obligated to reimburse at an established fee and transaction type included in the contractual agreement between the PROVIDER and the PAYOR.

Cultural Competency: Is an acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work towards better meeting the needs of minority populations.

DD - Developmental Disability/Disorder: A group of disabilities characterized by deficits in motor skills, learning, language, and behavior. These conditions arise during a child's development and impact their everyday functioning.

DSM-V (5) - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: The fifth edition of the standard classification of mental disorders containing a listing of diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system.

EIBI - Early Intensive Behavioral Intervention: Per the Michigan 1915(i) State Plan Amendment, an intensive model of ABA where treatment is provided an average of ten (10) to twenty (20) hours per week.

EPSDT - Early and Periodic Screening, Diagnostic, and Treatment Benefit: A benefit that provides comprehensive and preventive health care services for CONSUMERS under the age of 21 who also are enrolled in Medicaid.

FBA - Functional Behavior Assessment: An assessment used to identify the function of certain behaviors of an individual with a developmental disability.

FBI - Focused Behavioral Intervention: A BHT service level where services are provided an average of 5 to 15 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).

Health Insurance, Portability and Accountability Act, 1996 (HIPAA): Public Law 104-191, 1996 to improve the Medicare program under title XVIII of the Social Security Act, the Medicaid program under title XIX of the Social Security Act, and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information. The Act provides for improved portability of health benefits and enables better defense against abuse and fraud, reduces administrative costs by standardizing format of specific healthcare information to facilitate electronic claims, directly addresses confidentiality and security of patient information – electronic and paper-based, and mandates “best effort” compliance.

Incident Report: Refers to documentation of an event that varies from established policies and procedures for care or service.

IDD - Intellectual Developmental Disability/Disorder: A developmental disability specifically characterized by deficits in intellectual functioning and adaptive behavior.

IEP - Individualized Education Program: A plan developed by a team, for eligible students with disabilities under state and federal special education law, that describes the offer of free appropriate public education in the least restrictive environment, including special education, and/or related services and/or supplementary aids and services.

IFSP - Individualized Family Service Plan: A plan for infants and toddlers (birth-3) that includes early intervention services. The IFSP may also include special education if the child qualifies for special education.

IPOS - Individual Plan of Service: Developed through the Person-Centered Planning (PCP) process, the IPOS includes information about the individual, goals and outcomes, and the services needed to achieve those goals and outcomes.

LP - Licensed Psychologist: A doctoral certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction.

LLP - Limited Licensed Psychologist: A master’s level certification for a person who may provide behavioral assessment, behavioral intervention, and behavioral observation and direction under the supervision of a BCBA.

Limited English Proficiency (LEP): Means individuals who cannot speak, write, read, or understand the English language at a level that permits them to interact effectively with health care PROVIDERS and social services agencies.

M-CHAT - Modified Checklist for Autism in Toddlers: A screening tool used to help identify Autism Spectrum

Disorder (ASD) in children ages sixteen (16) months to thirty (30) months.

MDHHS: Means the Michigan Department of Health and Human Services.

MDHHS/CMHSP Master Contract for General Funds: Means the current MDHHS/CMHSP Managed Mental Health Supports and Services Contract for General Funds between the MDHHS and CMHSP.

MDHHS/PIHP Master Contract for Medicaid Funds: Means the current MDHHS/Prepaid Inpatient Health Plan Managed Specialty Supports and Services Contract between the MDHHS and Mid State Health Network (MSHN).

Medicaid eligible: Means an individual who has been determined to be entitled to Medicaid for service dates rendered. This includes persons entitled to Medicaid who are on a spend-down who have met their deductible for a given month and persons who are retro-eligible for Medicaid.

Medically Necessary or Medical Necessity: Medical necessity and recommendation for BHT services is determined by a physician or other licensed practitioner working within their scope of practice under state law. The child must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criteria A and B (listed below); and require BHT services to address the elements identified in the Medicaid PROVIDER Manual 18.4 Medical Necessity Criteria.

Mental Health Code: Means Act 258 of Public Acts of 1974, as amended.

Minor Children: Means any of the following: (i) a person less than 18 years of age, (ii) a person who is a resident in a child caring institution, foster family home, or foster family group home, who is at least 18 but less than 21 years of age, and who meets requirements of the young adult voluntary foster care act, (iii) a person who is a resident in a child caring institution, children's camp, foster family home, or foster family group home; who becomes 18 years of age while residing in a child caring institution, children's camp, foster family home, or foster family group home; and who continues residing in a child caring institution, children's camp, foster family home, or foster family group home to receive care, maintenance, training, and supervision. A minor child under this subparagraph does not include a person 18 years of age or older who is placed in a child caring institution, foster family home, or foster family group home under an adjudication under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, or under section 1 of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.1 or (iv) a person 18 years of age or older who is placed in an unlicensed residence under section 5(4) or a foster family home under section 5(7).

Performance Improvement (PI): Means the continuous study and adaptation of functions and processes of a health care organization to increase the probability of achieving desired outcomes and to better meet the needs of the members and other users of services.

Potential CONSUMER: Means an individual who is a customer residing in the PAYOR's service area. A potential CONSUMER is not a person receiving specialty supports and services under this Agreement.

Prepaid Inpatient Health Plan (PIHP): An organization that manages Medicaid specialty services under the state's approved Waiver program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR Part 401 *et seq.*, regarding Medicaid managed care. In this Agreement, the PIHP is Mid-State Health Network (MSHN).

PROVIDER: Means the party designated as the "PROVIDER" in the introductory paragraph of this Agreement.

RBT - Registered Behavior Technician: The individual responsible for the direct implantation of the BHT/ABA services under the supervision of a BCBA-D, BCBA, or BCaBA. An RBT is credentialed by the BACB.

Rules: Means rules, regulations, and standards promulgated and adopted by the MDHHS in compliance with the Mental Health Code.

SCQ - Social Communication Questionnaire: A screening tool used to help identify Autism Spectrum Disorder (ASD)

in children ages 4-6.

Sentinel Events: Means an "Event" or "unexpected occurrence" involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a "serious adverse outcome." Any injury or death as a result of emergency physical intervention is considered a sentinel event and must be reported.

Event: Means any and all of the following:

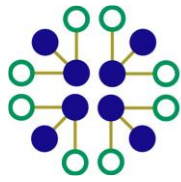
- a) relocation of a CONSUMER due to licensing issues;
- b) relocation of the service site or administrative operations of the PROVIDER for more than 24 hours;
- c) conviction of a PROVIDER staff for any offense related to the performance of their job duties/responsibilities;
- d) Unusual incidents such as emergency medical treatment, hospitalization, medication error, arrest of a CONSUMER, behavioral incidents that are unexpected/not addressed, harm to self, and harm to others.

An Event must be in writing within 24 hours and is generally reported to the PAYOR on an "Incident Report".

Service area: Means the county(ies) served by the PAYOR.

Telemedicine: Telemedicine is the use of telecommunication technology to connect a beneficiary with a Medicaid-enrolled health care professional in a different location.

Attachment I – Disclosure of Ownership, Controlling Interest, and Criminal Convictions



**Community
Mental Health**
FOR CENTRAL MICHIGAN

Disclosure of Ownership & Controlling Interest Statement

Community Mental Health for Central Michigan is required to collect disclosure of ownership, controlling interests, and management information from providers that are credentialed or otherwise enrolled to participate in the Medicaid program and/or the Pre-paid Inpatient Health Plan (PIHP). This requirement is pursuant to a Medicaid and/or PIHP State Contract with the State Agency and the federal regulations set forth in 42 CFR Part §455. Required information includes: 1) the identity of all owners and others with a controlling interest of 5% or greater; 2) certain business transactions as described in 42 CFR §455.105; 3) the identity of managers and others in a position of influence or authority; and 4) criminal convictions, sanctions, exclusions, debarment or termination information for the provider, owners or managers. The information required includes, but is not limited to, name, address, date of birth, social security number (SSN) and tax identification (TIN).

Completion and submission of this Statement is a condition of participating as a credentialed or enrolled provider in the CMHCM Provider Network for services to members under Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program. Failure to submit the requested information may result in a refusal of participation in CMHCM Provider Network or denial of a claim.

This statement should be submitted at any of the following times: upon the submission of an application; upon execution of an agreement; during re-credentialing or re-contracting; within 35 days after any change in ownership of the disclosing entity. A Statement must be provided to CMHCM within 35 days of a request for information by the US Department of Health and Human Services (DHHS) or the State Agency. CMHCM maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. CMHCM is committed to protecting information about its providers and associates, especially the confidential nature of their personal information.

Detailed instructions and a glossary for capitalized terms can be found at the end of this form. If attachments are included, please indicate to which section those attachments refer.

Provider/Provider Entity Information

*Please fill out the entire section. Every field must be complete. If fields are left blank, the form will be returned for corrections/completeness. *These fields cannot be left blank; check appropriate box or use 'N/A'.*

Please choose appropriate category: <input type="checkbox"/> Provider Entity <input type="checkbox"/> Licensed Independent Practitioner <input type="checkbox"/> Managing Employee <input type="checkbox"/> HCBS Provider <input type="checkbox"/> Other: Group Affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a private practice as well? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Provider/Provider Entity: Name of Person Completing this Form: Title: Phone Number: Fax: Email: In which state(s) do you participate in Medicaid?	
Additional Addresses (list all Practice Locations)		Attaching list? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*SSN (if Individual Provider): <input type="checkbox"/> N/A *Federal Tax ID# (if Entity): <input type="checkbox"/> N/A	<input type="checkbox"/> *Medicaid ID#: <input type="checkbox"/> *Applied for Medicaid ID <input type="checkbox"/> *Not applicable	<input type="checkbox"/> *NPI#: <input type="checkbox"/> *Applied for NPI# <input type="checkbox"/> *Not applicable	

Section I: Individual Provider Ownership Information

1. Are there any individuals or organizations with a Direct or Indirect Ownership Interest of 5% or more in your entity/practice? ☐ Yes ☐ No-Skip to #2 ☐ N/A-Skip to #2

See instructions for more information and examples

If yes, list the name, primary address, date of birth (DOB), and Social Security Number (SSN) for each person having an Ownership Interest in the disclosing entity of 5% or greater. List the name, Tax Identification Number (TIN), primary business address, every business location and P.O. Box address of each organization, corporation, or entity having an Ownership Interest of 5% or greater. (42 CFR §455.104). Attach additional sheets as necessary - ☐ Yes ☐ No

Name of Owner	DOB (mm/dd/yyyy)	Complete Address (Street/City/State/Zip)	**SSN or TIN or both as applicable	% Interest
		Street: C: S: Z:		
		Street: C: S: Z:		
		Street: C: S: Z:		

**SSN and TIN required under §455.104; See Sect 4313 of the Balanced Budget Act of 1997 amended Sect 1124 and Federal Register Vol. 76 No 22

Section II: Ownership in Other Providers & Entities

2. Does the Owner identified in Section I have an Ownership or Controlling Interest in any other provider or entity?

☐ Yes ☐ No-Skip to #3 ☐ N/A-Skip to #3

If yes, list the name and the SSN or TIN of the other provider or entity in which the Owner identified in Section I also has an Ownership or Controlling Interest (42 CFR §455.104(b)(3)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name of Owner from Section I	Name of Other Provider or Entity	Other Provider or Entity's SSN (indiv.) or TIN (entity)
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Section III: Subcontractor Ownership

3. Do you, as the Provider Entity, have a Direct or Indirect Ownership Interest of 5% or more in any Subcontractor? ☐ Yes ☐ No-Skip to #4 ☐ N/A-Skip to #4

If yes, does another individual or organization also have an Ownership or Controlling Interest in the same Subcontractor?

☐ Yes ☐ No

If yes, list the following information for each person or entity with an Ownership or Controlling Interest in any Subcontractor in which you also have Direct or Indirect Ownership Interest of 5% or more (42 CFR 455.104).

Attach additional sheets as necessary - ☐ Yes ☐ No

Legal Name of Subcontractor:

Name of Subcontractors Other Owner:

Other Owner's:

Other Owner's Address:

City, State, Zip:

Other Owner's TIN:

Other Owner's SSN:

% Interest:

Section IV: Familial Relationships of All Owners

4. Are any of the individuals identified in Sections I, II, or III related to each other? ☐ Yes ☐ No – Skip to #5
☐ N/A-Skip to #5
If yes, list the individuals identified and the relationship to each other (e.g. spouse, domestic partner, sibling, parent, child) (42 CFR §455.104(b)(2)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name of Owner 1

Name of Owner 2

Relationship

Section V: Criminal Convictions, Sanctions, Exclusions, Debarment, or Terminations

5. Have you or any person who has an Ownership or Controlling Interest, or who is an Agent or Managing Employee of your Provider Entity ever been indicted or convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, CHIP or Title XX program? ☐ Yes ☐ No-Skip to #6
☐ N/A-Skip to #6
If yes, list those persons and the required information below. (42 CFR §455.106). Attach additional sheets as necessary - ☐ Yes ☐ No

Name:

DOB:

Address:

SSN (indiv.) or TIN (entity):

City, State, Zip:

State and Date of Conviction:

Matter of the Offense:

Date of Reinstatement:

6. Have you or any person who has an Ownership or Controlling Interest, or who is an Agent or Managing Employee of your Provider Entity ever been sanctioned, excluded, or debarred from Medicaid, Medicare, CHIP or Title XX program? ☐ Yes ☐ No-Skip to #7 ☐ N/A-Skip to #7
If yes, list those persons and the required information below. (42 CFR §455.436). Attach additional sheets as necessary - ☐ Yes ☐ No

Name:

DOB:

Address:

SSN (indiv.) or TIN (entity):

City, State, Zip:

List all States where currently excluded:

Reason for Sanction, Exclusion, or Debarment:

Date(s) of Sanctions, Exclusions, or Debarments:

Date of Reinstatement:

7. Has the Provider Entity, or any person who has an Ownership or Controlling Interest in the Provider Entity, or who is an Agent or Managing Employee of the Provider Entity ever been **terminated** from participation in Medicaid, Medicare, CHIP or a Title XX program? ☐ Yes ☐ No-Skip to #8 ☐ N/A-Skip to #8
If yes, list those persons and the requirement information below. (42 CFR §455.416). Attach additional sheets as necessary - ☐ Yes ☐ No

Name:

DOB:

Address:

SSN (indiv.) or TIN (entity):

City, State, Zip:

Terminated from Medicare? ☐ Yes ☐ No

Reason for Termination:

Date of Termination:

State that originated Termination:

Date of Reinstatement:

**At any time during the Contract period, it is the responsibility of the Provider/Provider Entity to promptly provide notice upon learning of convictions, sanctions, exclusions, debarments and terminations (see Fed. Register, Vol. 44, No. 138)*

Section VI: Business Transaction Information

8. **Business Transactions – Subcontractors:** Has the Provider Entity had any business transactions with a Subcontractor totaling more than \$25,000 in the previous twelve (12) month period? ☐ Yes ☐ No-Skip to #9 ☐ N/A-Skip to #9
If yes, list the information for Subcontractors with whom the Provider Entity has had business transactions totaling more than \$25,000 during the previous 12 month period ending on the date of this request (42 CFR §455.105(b)(1)) Attaching additional sheets as necessary - ☐ Yes ☐ No

Name of Subcontractor: **Subcontractor's SSN or TIN:**

Subcontractor Address: **City, State, Zip:**

Subcontractors Owner (SO): **SO's SSN or TIN:**

SO's Address: **City, State, Zip:**

9. **Significant Business Transactions – Wholly Owned Suppliers:** Has the Provider Entity had any Significant Business Transactions with a Wholly Owned Supplier exceeding the lesser of \$25,000 or 5% of operating expenses in the past five (5) year period? ☐ Yes ☐ No-Skip to #10 ☐ N/A-Skip to #10
If yes, list the information for any Wholly Owned Supplier with whom the Provider Entity has had any Significant Business Transactions exceeding the lesser of \$25,000 or 5% of operating expenses during the past 5-year period (43 CFR §455.105(b)(2)). Attach additional sheets as necessary - ☐ Yes ☐ No See Glossary for definition.

Name of Supplier: **Suppliers SSN or TIN:**

Suppliers Address: **City, State, Zip:**

10. **Significant Business Transactions – Subcontractors:** Has the Provider Entity had any Significant Business Transactions with a Subcontractor totaling more than \$25,000 in the past five (5) year period? ☐ Yes ☐ No-Skip to #11 ☐ N/A-Skip to #11
If yes, list the information for Subcontractors with whom the Provider Entity had any Significant Business Transactions exceeding the \$25,000 during the past 5-year period (42 CFR §455.105(b)(2)). Attach additional sheets as necessary - ☐ Yes ☐ No

Name of Subcontractor: **Subcontractor's SSN or TIN:**

Subcontractor Address: **City, State, Zip:**

Subcontractors Owner (SO): **SO's SSN or TIN:**

SO's Address: **City, State, Zip:**

This information must be provided and/or updated within 35 days of a request. Medicaid payments may be denied for services furnished during the period beginning on the day following the date the information was due until it is received (42 CFR §455.105)

Section VII: Management and Control

11. **Managing Employees:** Does the Provider Entity have any Managing Employees?
☐ Yes ☐ No-Skip to #12 ☐ N/A-Skip to #12
If yes, list all Managing Employees that exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations of Provider Entity (general manager, business manager, administrator or director), including the name, date of birth (DOB), address, Social Security Number (SSN), and title (42 CFR §455.104). Attach additional sheets as necessary - ☐ Yes ☐ No

Name	DOB	Complete Address	SSN	Title
	mm/dd/yyyy			

12. **Agents:** Does the Provider Entity have any Agents? ☐ Yes ☐ No ☐ N/A

If yes, list all Agents that have been delegated the authority to obligate or act on behalf of Provider Entity, including the name, date of birth (DOB), address, Social Security Number (SSN), and title (42 CFR §455.104).

Attach additional sheets as necessary - ☐ Yes ☐ No

Name

DOB
mm/dd/yyyy

Complete Address

SSN

Through signature below, I hereby certify that any employees or contractors providing services pursuant to a contract with Community Mental Health for Central Michigan are screened with the applicable background check including, but not limited to, verification against the OIG's List of Excluded Individuals & Entities (<https://oig.hhs.gov/exclusions/index/asp>) and the System for Award Management (SAM) www.sam.gov and any applicable state, federal or other governmental exclusion or sanction database and that the information provided herein is true, accurate and complete. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of a claim and/or termination of the contract.

Signature _____ Title _____

Print Name _____ Date _____

Phone Number

Fax Number

Email Address

Disclosure – Instructions

If additional space is needed, please note on the form that the answer is being continued, and attach a sheet referencing the section number that is being continued. For example: Section I Ownership Information, continued. Please see Glossary for definition of capitalized terms.

Section I: Provider Entity Ownership Information

Please list the required information for each individual or organization that has a Direct or Indirect Ownership of 5% or more or has a Controlling Interest in your entity. If the Owner is a corporation: the primary business address must be listed and every business location and PO Box address. Provider members of a group practice who have ownership or a controlling interest in Provider Entity must submit a separate Statement.

Providing the SSN and TIN (as applicable) is required under 42 CFR 455.104; please see Section 4313 of the Balanced Budget Act of 1997, amended Section 1124, and the Federal Register Vol. 76 No. 22. Any form without the required SSN and TIN (as applicable) is incomplete and will not be processed.

Section II: Ownership in Other Providers & Entities

Please identify the other providers or entities that are owned or controlled at least 5% by the same individual or organization identified in Section I that has an Ownership or Controlling Interest in your entity. This information is to identify shared and interconnected ownership and controlling interests.

Section III: Subcontractor Ownership

If your entity has a Direct or Indirect Ownership of 5% or more in a Subcontractor and other individuals or entities also have a Direct or Indirect Ownership of that same Subcontractor, please identify the Subcontractor and provide the required information for the additional owners.

Section IV: Familial Relationships of All Owners

Report whether any of the persons listed in Sections I, II, and III are related to each other and identify the parties and their relationship. For the definition of domestic partner, refer to your state's laws. Provider members of a group practice who are related to the Provider Entity's owners or those with a controlling interest must submit a separate Statement.

Section V: Criminal Convictions, Sanctions, Exclusions, Debarment, and Terminations

List your own criminal convictions, sanctions, exclusions, debarments, and termination, and for any person who has an ownership or controlling interest, or is an agent or managing employee of your entity. List all offenses related to each person's or entity's involvement in any program under Medicare, Medicaid, CHIP, or the Title XX services since the inception of these programs. Review all of the databases necessary to verify this information:

1. Exclusion status may be verified through the HHS-OIG List of Excluded Individuals/Entities (LEIE) at <https://oig.hhs.gov/exclusions/index.asp>
2. Sanction information is available in the GSA's SAM (System for Award Management) database www.sam.gov.
3. State specific exclusions/sanction databases may be accessed through the State Agency's website.

Section VI: Business Transaction Information

1. List the Ownership of any Subcontractors that you have had business transactions totaling more than \$25,000 within the last twelve (12) month period ending on the date of the request.
2. List any **Significant Business Transactions** between your entity and any Wholly Owned Supplier during the past 5 years.
3. List any **Significant Business Transactions** between your entity and any Subcontractor during the past 5 years.

Remember that a **Significant Business Transaction** is defined as any transaction or series of related transactions that exceeds the lesser of \$25,000 or 5% of a provider's operating expenses during any one fiscal year.

This information must be made available within 35 days of a request by the US Department of Health and Human Services (HHS), the State Medicaid Agency, and the Medicaid Managed Care Organization responding to an HHS or State request.

Section VII: Management & Control

1. List the required information for all employees that hold a position of Managing Employee within your entity.
2. List the required information for all Agents that have the authority to obligate or act on behalf of your entity.
3. List the required information for all individuals on the governing board or board of directors if your entity is organized as a corporation. CMS requires the identification of officers and directors of a Provider Entity that is organized as a corporation, without regard to the for-profit or not-for-profit status of that corporation.

Disclosure – Glossary

Agent: any person who has been delegated the authority to obligate or act on behalf of a Provider Entity.

CHIP: The Federal insurance program for children, Child Health Insurance Program, in Michigan this is known as MICHild.

Controlling Interest: defined as the operational direction or management of a disclosing entity which management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity; the ability or authority to nominate or name members of the Board of Directors or Trustees; the ability or authority, expressed or reserved to amend or change the by-laws, constitution, or other operating or management direction; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership control.

Determination of ownership or control percentages:

- a) *Indirect ownership interest.* The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, A's interest equates to 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation which owns 5 percent of the stock of the disclosing entity, B's interest equates to 4 percent indirect ownership interest in the disclosing entity and need not be reported.
- b) *Person with an ownership or controlling interest.* In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.

Direct Ownership Interest: the possession of equity in the capital, the stock, or the profits of the disclosing entity.

HCBS Provider: a provider of Home and Community Based Services for Medicaid beneficiaries.

Indirect Ownership Interest: an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

Managing Employee: a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization, or agency.

Other Entity: any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- b) Any Medicare intermediary or carrier; and
- c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Ownership or Controlling Interest: an individual or corporation that

- a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
- b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;

- e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- f) Is a partner in a disclosing entity that is organized as a partnership.

Provider Entity: an individual or entity who operates as a Medicaid provider and is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services. For purposes of this Statement, the Providing Entity is the individual or entity identified on this form as the disclosing entity.

Significant Business Transaction: any business transaction or series of related transactions that, during any one fiscal year, exceeds the lesser of twenty-five thousand dollars (\$25,000) or five percent (5%) of a Provider Entity's total operating expenses.

Subcontractor: (a) an individual, agency, or organization to which a Provider Entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or (b) an individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier: an individual, agency, or organization from which a provider purchases goods or services used in carrying out its responsibilities under Medicaid (e.g. a commercial laundry, manufacturer of hospital beds, or pharmaceutical firm).

Wholly Owned Supplier: a Supplier whose total ownership interest is held by the Provider Entity or by a person(s) or other entity with an ownership or control interest in the Provider Entity.

Attachment J - BAA

This Contract is entered into by and between **Community Mental Health for Central Michigan** ("Organization") and **Centria Healthcare, LLC** ("Business Associate") to set forth the terms and conditions under which *protected health information* ("PHI"), as defined by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, Regulations enacted hereunder (HIPAA) and as defined in 42 CFR Pt. 2 (alcohol and chemical dependency), created or received by Business Associate on behalf of Organization may be used or disclosed.

This Contract shall commence on **October 1, 2024** and the obligations herein shall continue in effect so long as Business Associate uses, discloses, creates or otherwise possesses any PHI created or received on behalf of Organization and until all PHI created or received by Business Associate on behalf of Organization is destroyed or returned to Organization pursuant to Paragraph 18 herein.

1. Organization and Business Associate hereby agree that Business Associate shall be permitted to use and/or disclose PHI created or received on behalf of Organization for the following purpose(s):
2. Business Associate acknowledges Business Associate is required by law to comply with the HIPAA Security Rule (45 CFR 164.302 through 164.318) and the use and disclosure provisions of the HIPAA Privacy Rule (45 CFR 164.502, 164.504).
3. Business Associate may use and disclose PHI created or received by Business Associate on behalf of Organization if necessary for the proper management and administration of Business Associate or to carry out Business Associate's legal responsibilities, provided that any disclosure is: A. Required by law; or B. Business Associate obtains reasonable assurances from the person to whom the PHI is disclosed that (i) the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and (ii) the Business Associate will be notified of any instances of which the person is aware in which the confidentiality of the information is breached.
4. Business Associate hereby agrees to maintain the security and privacy of all PHI in a manner consistent with state and federal laws and regulations, including HIPAA, 42 CFR Pt. 2 and all other applicable law.
5. Business Associate further agrees not to use or disclose PHI except as expressly permitted by this Contract, applicable law, or for the purpose of managing Business Associate's own internal business processes consistent with Paragraph 2 herein.
6. Business Associate shall not disclose PHI to any member of its workforce unless Business Associate has advised such person of Business Associate's privacy and security obligations under this Contract, including the consequences for violation of such obligations. Business Associate shall take appropriate disciplinary action against any member of its workforce who uses or discloses PHI in violations of this Contract and applicable law. Business Associate shall not disclose PHI created or received by Business Associate on behalf of Organization to a person, including any agent or subcontractor of Business Associate but not including a member of Business Associate's own workforce, until such person agrees in writing to be bound by the provisions of this Contract and applicable state or federal law.
7. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI not permitted by this Contract or applicable law.
8. Business Associate agrees to maintain a record of its disclosures of PHI, including disclosures not made for the purposes of this Contract. Such record shall include the date of the disclosure, the name and, if known, the address of the recipient of the PHI, the name of the individual who is the subject of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure. Business Associate shall make such record available to an individual who is the subject of such information or Organization within thirty (30) days of a request and shall include disclosures made on or after the date which is six (6) years prior to the request.

Business Associate shall not be required to maintain a record of disclosures of PHI made:

- A. For the purpose of *treatment, payment or health care operations* (as those terms are defined under HIPAA);
 - B. To an individual who is the subject of the PHI; and
 - C. Pursuant to an Authorization which is valid under HIPAA.
9. Business Associate agrees to report to Organization any unauthorized use or disclosure of PHI by Business Associate or its workforce or subcontractors within five (5) business days and the remedial action taken or proposed to be taken with respect to such use or disclosure and account for such disclosure.
10. In the event of a breach of PHI, Business Associate understands Business Associate is required by law to provide Organization a report:

Included in the report to CMHCM's Corporate Compliance Officer must be:

- A. Individual names;
- B. Individual or individuals' next of kin (if the individual is deceased) contact information (if known);
- C. A description of the incident in general terms;
- D. The approximate date of the breach of security;
- E. The type of PHI breached; and
- F. Brief description of what the business associate is doing to investigate the incident, mitigate damages and protect against like breaches in the future.

The business associate is responsible for reimbursing CMHCM for any costs associated with the breach including, but not limited to:

- A. Staff time to prepare notification;
 - B. Mailing costs;
 - C. Substitute notice costs (including costs to modify CMHCM's website);
 - D. The cost of the toll-free line;
 - E. Associated legal costs and/or fees;
 - F. Staffing costs associated with addressing individuals' questions and concerns;
 - G. Any intangible costs associated with damage to CMHCM's reputation, erosion of trust, business losses associated with erosion of trust, etc.
11. Business Associates agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from Organization, or created or received by Business Associate on behalf of Organization, available to the Secretary of the United States Department of Health and Human Services, for purposes of determining the Covered Entity's compliance with HIPAA.
12. Within ten (10) days of a written request by Organization, Business Associate shall allow a person who is the subject of PHI, such person's legal representative, or Organization to have access to and to copy such person's PHI maintained by Business Associate. Business Associate shall provide PHI in the format requested by such person, legal representative, or Organization unless it is not readily producible in such format, in which case it shall be produced in standard hard copy format.
13. Business Associate agrees to amend, pursuant to a request by Organization, PHI maintained and created or received by Business Associate on behalf of Organization. Business Associate further agrees to complete such amendment within ten (10) days of a written request by Organization, and to make such amendment as directed by Organization.
14. Business Associate agrees to implement an identity theft protection program, require all subcontractors with access to PHI implement an identity theft protection program and make all reasonable efforts to identify red flags that indicate identity or medical identity theft may be occurring or has occurred. The program shall include:

- A. Adoption of an identity theft protection program policy and procedure approved by the highest authority in Business Associate's organization (e.g., Board of Directors, owner, partners, etc.);
 - B. Conduct a red flag (indicators of potential or actual identity or medical identity theft) risk analysis including potential risks and vulnerabilities to the confidentiality, integrity, and availability of the electronic protected health information held by the business associate;
 - C. Provide workforce training regarding the program and red flags identified;
 - D. Actively monitor for red flags;
 - E. Investigate any identified red flags and mitigate damages if appropriate;
 - F. Document any red flag investigation and subsequent activity;
 - G. Annually review the program to determine if changes are necessary which includes annually conducting a red flag risk analysis; and
 - H. Require senior management to monitor program activity.
15. In the event Business Associate fails to perform the obligations under this Contract, Organization may, at its option:
- A. Require Business Associate to submit to a plan of compliance, including monitoring by Organization and reporting by Business Associate, as Organization, in its sole discretion, determines necessary to maintain compliance with this Contract and applicable law. Such plan shall be incorporated into this Contract by amendment hereto;
 - B. Require Business Associate to mitigate any loss occasioned by the unauthorized disclosure or use of PHI; and
 - C. Immediately discontinue providing PHI to Business Associate with or without written notice to Business Associate.
16. Organization may immediately terminate this Contract and related contracts if Organization determines that the Business Associate has breached a material term of this Contract. Alternatively, Organization may choose to: (i) provide Business Associate with ten (10) days written notice of the existence of an alleged material breach; and (ii) afford the Business Associate an opportunity to cure said alleged material breach to the satisfaction of Organization within ten (10) days. The Business Associate's failure to cure shall be grounds for immediate termination of this Contract. Organization's remedies under this Contract are cumulative, and the exercise of any remedy shall not preclude the exercise of any other.
17. If circumstances exist that prevent immediate contract termination with the Business Associate, the Organization shall hold the business associate responsible for any damages incurred, require the business associate to mitigate damages to the Organization and the patient, require the business associate to adopt practice that would result in limiting similar risks in the future and report the violation as well as the business associate to the Secretary of the US Department of Health and Human Services.
18. Upon termination of this Contract, Business Associate shall return or destroy all PHI received from Organization, or created or received by Business Associate on behalf of Organization and that Business Associate maintains in any form, and shall retain no copies of such information. If the parties mutually agree that return or destruction of PHI is not feasible, Business Associate shall continue to maintain the security and privacy of such PHI in a manner consistent with the obligations of this Contract and as required by applicable law, and shall limit further use of the information to those purposes that make the return or destruction of the information infeasible. The duties hereunder to maintain the security and privacy of PHI shall survive the discontinuance of this Contract.
19. Organization may amend this Contract by providing ten (10) days prior written notice to Business Associate in order to maintain compliance with State or Federal law. Such amendment shall be binding upon Business Associate at the end of the ten (10) day period and shall not require the consent of Business Associate. Business Associate may elect to discontinue the Contract within the ten (10) day period, but Business Associate's duties hereunder to maintain the security and privacy of PHI shall survive such discontinuance. Organization and Business Associate may otherwise amend this Contract by mutual written contract.

20. Business Associate shall, to the fullest extent permitted by law, protect, defend, indemnify and hold harmless Organization and his/her respective employees, directors, and agents ("Indemnities") from and against any and all losses, costs, claims, penalties, fines, demands, liabilities, legal actions, judgments, and expenses of every kind (including reasonable attorneys' fees, including at trial and on appeal) asserted or imposed against any Indemnities arising out of the acts or omissions of Business Associate or any subcontractor of or consultant of Business Associate or any of Business Associate's employees, directors, or agents related to the performance or nonperformance of this Contract.

Bryan Krogman
Bryan Krogman (Sep 23, 2024 15:39 EDT)
COMMUNITY MENTAL HEALTH
FOR CENTRAL MICHIGAN

Sep 23, 2024
Date

Jason Turk
Jason Turk (Oct 4, 2024 13:24 CDT)
CENTRIA HEALTHCARE, LLC

Oct 4, 2024
Date