

Fiscal Year 2024 Contractual Agreement

BETWEEN

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

AND

CENTRIA HEALTHCARE, LLC

For the purpose of:

**Applied Behavioral Analysis**

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In Process

## **FY2024 AGREEMENT**

THIS AGREEMENT FOR PROVIDER SERVICES (this "Agreement") is made and entered into on this 1<sup>st</sup> day of October, 2023, by and between SAGINAW COUNTY COMMUNITY HEALTH AUTHORITY whose administrative office address is 500 Hancock St, Saginaw MI 48602 (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 October 1, 2023, 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, 2023, 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 Saginaw County; 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 2024 (FY24) and shall begin on October 1, 2023 and shall expire on September 30, 2024, 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 1<sup>st</sup> 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.
- 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, sex (including pregnancy) gender identity, sexual orientation, height, weight, disability, veterans status, marital status, or any other characteristic protected by law 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  |
|---|--|
| <b>Commercial General Liability Insurance</b>   |  |
| <u>Minimum Limits:</u><br>\$1,000,000 Each Occurrence<br>\$1,000,000 Personal & Advertising Injury<br>\$2,000,000 General Aggregate<br>\$2,000,000 Products/Completed Operations                            | Contractor must have their policy endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 20 10 11 85, or both CG 20 10 12 19 and CG 20 37 12 19. |
| <b>Automobile Liability Insurance</b>   |  |
| 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. |  |
| <b>Workers' Compensation Insurance</b>  |  |
| <u>Minimum Limits:</u><br>Coverage according to applicable lawsgoverning work activities  | Waiver of subrogation, except where waiver is prohibited by law.   |
| <b>Employers Liability Insurance</b>  |  |
| <u>Minimum Limits:</u><br>\$500,000 Each Accident<br>\$500,000 Each Employee by Disease<br>\$500,000 Aggregate Disease  |  |
| <b>Privacy and Security Liability (Cyber Liability) Insurance</b>   |  |
| <u>Minimum Limits:</u><br>\$1,000,000 Each Occurrence<br>\$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.   |
| <b>Professional Liability (Errors and Omissions) Insurance</b>  |  |
| <u>Minimum Limits:</u><br>\$3,000,000 Each Occurrence<br>\$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.

**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 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 21<sup>st</sup> 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 I background checks on their employees, 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](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 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](http://www.SAM.gov), and the Michigan Department of Health and Human Services website at [www.michigan.gov/MDHHS](http://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](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. 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.
- p. 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.

- q. 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.
- r. 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.
- s. 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.
- t. 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 Dated March 2, 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 ten (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 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: SAGINAW COUNTY COMMUNITY HEALTH AUTHORITY**

Sandra M. Lindsey, CEO  
NAME, TITLE

9-22-23  
Date

**PROVIDER: CENTRIA HEALTHCARE, LLC**

|             |     |
|-------------|-----|
|             | CFO |
| NAME, TITLE |     |

Date \_\_\_\_\_

## Attachment A – Statement of Work

### CENTRIA HEALTHCARE, LLC FY24

#### 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 21<sup>st</sup> 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:

- a. 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:

Collecting information systematically regarding behaviors, environments, and task demands (e.g., shaping, demand fading, task analysis); Adapting environments to promote positive behaviors and promote learning while discouraging negative behaviors (e.g. naturalistic intervention, antecedent based intervention, visual supports, stimulus fading); Applying reinforcement to change behaviors and promote learning (e.g. reinforcement, differential reinforcement of alternative behaviors, extinction); 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); Teaching parents/guardians to provide individualized interventions for their child for benefit of the child (e.g., parent/guardian implemented/mediated intervention); 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). 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. 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). ABA must be provided by staff with appropriate training and/or certification. Behavior Technician staff providing direct services must be supervised by a 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.

### 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 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 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. Refer to [Telemedicine Policy Post COVID-19 Health Emergency, MMP 23-10](#)

- 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). 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.  
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.
- 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 scheduled 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 benefit 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 PROVIDER/PAYOR'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.

In Process

## Attachment B – Service Codes and Rates

**DESCRIPTION OF SERVICE(S):** A description of specific services, requirements and guidelines applicable to these types of services is contained in the PAYOR's FY24 PROVIDER Manual. PROVIDER is required to document each direct service and bill all primary insurance's coordination of benefits first as PAYOR acting as the Medicaid fiduciary is the payor of last resort.

It is preferred by PAYOR/Provider that ABA services be rendered in the provider's outpatient facilities in efforts of assuring quality outcomes, but in-home services can be made available in all geographic areas within Saginaw County upon guardian request if the home environment is found to be suitable (designated room in quiet environment with no distractions) for service delivery as deemed appropriate by provider/case worker.

PROVIDER shall not maintain a consumer waiting list for service delivery which is unnecessary due to adequate PROVIDER capacity across the SCCMHA autism network. SCCMHA understands there are times when PROVIDER may not have resources to accept new referrals and requires such notices be provided in a timely manner to the SCCMHA autism supervisor to temporarily close PROVIDER panel to new referrals. SCCMHA requests such notice and collaboration to ensure timely delivery of services to SCCMHA eligible consumers so referrals can be re-directed to other PROVIDER choices. SCCMHA expectations are that ABA services shall start within 14 calendar days of referral/authorization from the SCCMHA case manager and PROVIDERS shall document their attempts of such timely standards with the consumer/guardian and notify SCCMHA autism supervisor if timeframe is not met. MDHHS has no minimum number of ABA hours requirement and such hours are determined through clinical assessment and as agreed to by consumer/guardian. SCCMHA expects authorized ABA hours, regardless of the intensity, to be rendered by PROVIDERS as authorized and as agreed to by each consumer/guardian.

In an effort to render full continuum of service delivery, to not disrupt ABA session, and ensure quality care, PROVIDER agrees to have a BCBA or Administrator medication trained staff at each facility site to administer/safeguard as-needed medications during ABA session(s).

PROVIDER as last resort agrees to render as-needed transportation to/from ABA center for facility-based services and/or for CLS/Respite activities in the community. See transportation table listed below.

PROVIDER agrees to add-on a credential 2-digit modifier based of the rendering staff's credential for each service billed based on the following Job Title's grid:

| Modifier | Job Title                                 |
|----------|---|
| AE       | Dietician/Nutritionist                    |
| AF       | Psychiatrists - MD/DO                     |
| AG       | Physicians - MD/DO                        |
| AH       | Licensed Psychologist - PhD               |
| AH       | Limited Licensed Psychologist             |
| AH       | Temporary Limited-Licensed Psychologist   |
| AH       | Behavioral Psychologist                   |
| CO       | Occupational Therapist Assistant          |
| CQ       | Physical Therapist Assistant              |
| HM       | SLP Assistant                             |
| HM       | Certified/registered medical assistant    |
| HM       | Behavioral Technician                     |
| HM       | Certified Alcohol and Drug Counselor      |
| HM       | Approved MCBAP Development Plan Counselor |

|    |  |
|----|--|
| HM | Clubhouse /Day Treatment Specialist                        |
| HM | Supports Coordinator Assistant (Case manager aide)         |
| HM | Supports Broker  |
| HM | Direct Support Professional                                |
| HM | Parent Support Partner                                     |
| HM | Residential Care Specialist                                |
| HM | Home Based Services Worker                                 |
| HM | Home Based Services Assistant                              |
| HM | Other Mental Health Professional - HS or G.E.D.            |
| HN | Physical Therapist   |
| HN | Occupational Therapist                                     |
| HN | BCaBA  |
| HN | Access Coordinator   |
| HN | Therapeutic Recreation Specialist                          |
| HN | CCDP Bachelor's  |
| HN | Licensed/Limited Licensed Social Worker - Bachelor's       |
| HN | Certified Advanced Alcohol and Drug Counselor - Bachelor's |
| HN | Certified Alcohol and Drug Counselor - Bachelor's          |
| HN | Approved MCBAP Development Plan Counselor - Bachelor's     |
| HN | Certified Criminal Justice Professional Reciprocal         |
| HN | Case Manager / Supports Coordinator - Bachelor's           |
| HN | Other Bachelor's Level Behavioral Health Professionals     |
| HO | Certified Criminal Justice Professional Reciprocal         |
| HO | Occupational Therapist                                     |
| HO | Physical Therapist   |
| HO | Speech Pathologist/Audiologist                             |
| HO | QBHP: BACB Approved Degree                                 |
| HO | MCBAP Certification and Certified Clinical Supervisor      |
| HO | Development Plan Supervisor                                |
| HO | Licensed Behavior Analyst/BCBA                             |
| HO | Mental Health Clinician                                    |
| HO | CCPD - Master's  |
| HO | Licensed/Limited Licenses Social Worker - Master's         |
| HO | Licensed/Limited Licensed Professional Counselor           |
| HO | Licensed/Limited Licensed Marriage And Family Therapist    |
| HO | Certified Advanced Alcohol and Drug Counselor - Master's   |
| HO | Certified Alcohol and Drug Counselor - Master's            |
| HO | Approved MCBAP Development Plan Counselor - Master's       |
| HO | Certified Criminal Justice Professional Reciprocal         |
| HO | Case Manager / Supports Coordinator - Master's             |
| HO | Music/Art Therapist  |
| HO | Other Master's Level Behavioral Health Professionals       |
| HP | Behavioral Health Professional - PhD                       |



|    |   |
|----|---|
| HP | BCBA-D                                      |
| HP | Speech Pathologist/Audiologist              |
| HP | Physical Therapist                          |
| SA | Licensed Physician Assistant                |
| SA | Nurse Practitioner                          |
| SA | Clinical Nurse Specialist                   |
| TD | Nurse BSN, RN - Master's                    |
| TD | Registered Nurse - Bachelor's               |
| TE | Licensed Practical Nurse                    |
| WP | Trained Parents                             |
| WQ | Independent Facilitator                     |
| WR | Peer Recovery Coach                         |
| WS | Certified Peer Support Specialists - MH/SUD |
| WT | Youth Peer Support Specialist               |
| WU | Peer Mentor - DD                            |

**Approved Facility-Based ABA Location(s):**

- 3995 Fashion Square Blvd, Suites 8-9 Saginaw, MI 48603

**ABA Benefit Eligibility Codes (Autism panel type) - Contractual Required Services:**

| Code/Modifier | Service Definition/Credential Modifiers  | Unit Type / Definition | BCBA / QBHP / LP / LLP | BCaBA   | BT      |                                 |
|---------------|--|------------------------|------------------------|---------|---------|---------------------------------|
| 0362T         | Exposure Behavioral Follow-up Assessment, AH for clinical psychologist   | Per 15 Mins            | \$30.00                | \$21.25 |         |                                 |
| 0373T         | Exposure Adaptive Behavior Treatment. Credential modifiers Adaptive behavior treatment with protocol modification requiring two or more technicians for patient who exhibits destructive behavior(s); per 15 minutes of time face-to-face with patient | Per 15 Mins            | \$30.66                | \$30.66 | \$28.40 | Inclusive of \$3.20 Premium Pay |
| 97151         | ABA Behavior Assessment, not to exceed 16 units per assessment   | Per 15 Mins            | \$30.00                | \$21.25 |         |                                 |
| 97153         | ABA Adaptive Behavior Treatment  | Per 15 Mins            | \$15.66                | \$15.66 | \$13.40 | Inclusive of \$3.20 Premium Pay |



|       |   |             |   |  |  |  |
|-------|---|-------------|---|--|--|--|
| 97154 | ABA Group Behavior Treatment  | Per 15 Mins | UN = \$2.83,<br>UP = \$1.89,<br>UQ =<br>\$1.42, UR =<br>\$1.13, US =<br>\$0.94        | UN = \$2.83,<br>UP = \$1.89,<br>UQ = \$1.42,<br>UR = \$1.13,<br>US = \$0.94      | UN = \$2.66,<br>UP = \$1.85,<br>UQ =<br>\$1.45, UR =<br>\$1.21, US =<br>\$1.05 | Inclusive of<br>\$3.20<br>Premium<br>Pay |
| 97155 | ABA Clinical Supervision  | Per 15 Mins | \$30.00   | \$21.25  |  |  |
| 97156 | ABA Family Behavior Guidance, max 4<br>units per session                                | Per 15 Mins | \$30.00   | \$21.25  |  |  |
| 97157 | ABA Multiple Family Behavior<br>Treatment, group size = 4-8, max 4<br>units per session | Per 15 Mins | UN =<br>\$24.01, UP<br>= \$16.00,<br>UQ =<br>\$12.00, UR<br>= \$69.60,<br>US = \$8.00 | UN =<br>\$16.00, UP =<br>\$11.33, UQ<br>= \$8.50, UR<br>= \$6.80, US<br>= \$5.66 |  |  |
| 97158 | ABA Adaptive Behavior Treatment<br>Group, group size = 4-8, max 4 units<br>per session  | Per 15 Mins | UN =<br>\$17.14, UP<br>= \$11.42,<br>UQ =<br>\$8.57, UR =<br>\$6.85, US =<br>\$5.71   | UN =<br>\$12.13, UP =<br>\$8.09, UQ =<br>\$6.07, UR =<br>\$4.85, US =<br>\$4.04  |  |  |
| H0032 | IPOS attendance or plan in-servicing  | Encounter   | \$125.00  | \$125.00   | \$125.00   |  |

**Pilot Project - ABA & Health Services (OT/PT/SP) & CLS/Respite Facility Based Transportation**  
**(Transportation Panel Type) - Contractual Required Services:**

| <u>Code/Modifier</u> | <u>Service<br/>Definition</u>   | <u>Unit<br/>Type/Definition</u> | <u>Shared<br/>Transportation<br/>Size</u> | <u>Rate per Mile</u> |
|----------------------|---------------------------------|---------------------------------|---|----------------------|
| S0215                | Non-Emergency<br>Transportation | per mile                        | 1 driver/1<br>consumer                    | \$1.94               |
| S0215 UN             | Non-Emergency<br>Transportation | per mile                        | 1 driver/2<br>consumers                   | \$0.97               |
| S0215 UP             | Non-Emergency<br>Transportation | per mile                        | 1 driver/3<br>consumers                   | \$0.65               |
| S0215 UQ             | Non-Emergency<br>Transportation | per mile                        | 1 driver/4<br>consumers                   | \$0.49               |

|   |                              |          |                        |        |
|---|------------------------------|----------|------------------------|--------|
| S0215 UR  | Non-Emergency Transportation | per mile | 1 driver/ 5 consumers  | \$0.39 |
| S0215 US  | Non-Emergency Transportation | per mile | 1 driver/ 6+ consumers | \$0.32 |
| Transportation Notes: Provider to report total trip mileage for each consumer using appropriate U modifiers. Any ABA direct service provided relating to transportation as outlined in consumer IPOS is billable separately; separate driver from ABA technician is required under such service delivery. |                              |          |                        |        |

**Non ABA Benefit Elig, Codes- consumer has ASD diag or assessed and found non ABA benefit eligible**

**(Family Skill Development panel setup) -Contractual Required Services**

| Code/Modifier  | Service Definition  | Unit Type / Definition | BCBA / QBHP / LP / LLP | BCaBA    | BT |
|--|---|------------------------|------------------------|----------|----|
| H0031  | Mental Health Assessment for behavior intervention to include observation and interviewing parent/guardian (Non ABA benefit, service typically used for consumers whom step down from ABA benefit or not deemed eligible). Avg. of 2 hours to complete. | Assessment             | \$200.00               | \$200.00 |    |
| S5111<br>(Report HS modifier if client not present)      | Family training   | Encounter              | \$120.00               | \$120.00 |    |
| S5111-UN (Also report HS modifier if client not present) | Family Training Group = 2   | Encounter              | \$60.00                | \$60.00  |    |
| S5111-UP (Also report HS modifier if client not present) | Family Training Group = 3   | Encounter              | \$40.00                | \$40.00  |    |
| S5111-UQ (Also report HS modifier if client not present) | Family Training Group = 4   | Encounter              | \$30.00                | \$30.00  |    |

|   |                                      |           |          |          |          |
|---|--------------------------------------|-----------|----------|----------|----------|
| S5111-UR (Also report HS modifier if client not present)  | Family Training Group = 5            | Encounter | \$24.00  | 24.00    |          |
| S5111-US (Also report HS modifier if client not present)  | Family Training Group = 6+           | Encounter | \$20.00  | 20.00    |          |
| H0032   | IPOS attendance or plan in-servicing | Encounter | \$125.00 | \$125.00 | \$125.00 |
| H0032 TS  | Treatment planning-monitoring        | Encounter | \$125.00 | \$125.00 | \$125.00 |
| Family Training – Home Care Training (S5111) can be provided when the symptom bearer is not present at the same time as another service being provided to the symptom bearer. However, under certain circumstances, to be clinically sound, Family Training must be provided with the parent and child present. For example, if a parent is being trained by a PT on a treatment regimen or use of equipment specified in the plan, the beneficiary may need to be present during the training to effectively train the parent. |                                      |           |          |          |          |

**CLS (CLS Corporate panel type) - Contractual Optional Services**

Note: The following rate table is for ASD diagnosis referrals which requires additional *Behavioral Technician* Relias ABA specific training;

| Code/Modifier | Service Definition   | Unit Type / Definition | BT     | DSP    |                                      |
|---------------|--|------------------------|--------|--------|--------------------------------------|
| H2015         | Community Living Supports                                      | Per 15 Mins            | \$7.71 | \$7.71 | Inclusive of \$3.20 hrly Premium Pay |
| H2015 UN      | Community Living Supports - 2 consumers being served same time | Per 15 Mins            | \$4.55 | \$4.55 | Inclusive of \$3.20 hrly Premium Pay |
| H2015 UP      | Community Living Supports - 3 consumers being served same time | Per 15 Mins            | \$3.12 | \$3.12 | Inclusive of \$3.20 hrly Premium Pay |
| H2015 UQ      | Community Living Supports - 4 consumers being served same time | Per 15 Mins            | \$2.41 | \$2.41 | Inclusive of \$3.20 hrly             |

|          |   |             |        |        |                                      |
|----------|---|-------------|--------|--------|--------------------------------------|
|          |   |             |        |        | Premium Pay                          |
| H2015 UR | Community Living Supports - 5 consumers being served same time  | Per 15 Mins | \$1.98 | \$1.98 | Inclusive of \$3.20 hrly Premium Pay |
| H2015 US | Community Living Supports - 6+ consumers being served same time | Per 15 Mins | \$1.70 | \$1.70 | Inclusive of \$3.20 hrly Premium Pay |

**Respite (Respite panel type) - Contractual Optional Services**

**(Exception Note: Respite Per Diem and Respite RN/LPN are**

**Optional Services)**

Note: The following rate table is for ASD diagnosis referrals which requires additional *Behavioral Technician* Relias ABA specific training;

| Code/Modifier | Service Definition   | Unit Type / Definition | BT       | DSP      |                                      |
|---------------|--|------------------------|----------|----------|--------------------------------------|
| H0045         | Respite per diem (Out of Home)                               | Per Diem               | \$485.76 | \$485.76 | Inclusive of \$3.20 hrly Premium Pay |
| H0045 UN      | Respite per diem- 2 consumers served same time (Out of Home) | Per Diem               | \$290.10 | \$290.10 | Inclusive of \$3.20 hrly Premium Pay |
| S5151         | Respite per diem (In Home)                                   | Per Diem               | \$485.76 | \$485.76 | Inclusive of \$3.20 hrly Premium Pay |
| S5151 UN      | Respite per diem- 2 consumers served same time (In Home)     | Per Diem               | \$290.10 | \$290.10 | Inclusive of \$3.20 hrly Premium Pay |
| T1005         | Respite care   | Up to 15 Mins          | \$7.71   | \$7.71   | Inclusive of \$3.20 hrly             |

|          |   |               |            |        |                                      |
|----------|---|---------------|------------|--------|--------------------------------------|
|          |   |               |            |        | Premium Pay                          |
| T1005 UN | Respite - 2 consumers being served same time  | Up to 15 Mins | \$4.55     | \$4.55 | Inclusive of \$3.20 hrly Premium Pay |
| T1005 UP | Respite - 3 consumers being served same time  | Up to 15 Mins | \$3.12     | \$3.12 | Inclusive of \$3.20 hrly Premium Pay |
| T1005 UQ | Respite - 4 consumers being served same time  | Up to 15 Mins | \$2.41     | \$2.41 | Inclusive of \$3.20 hrly Premium Pay |
| T1005 UR | Respite - 5 consumers being served same time  | Up to 15 Mins | \$1.98     | \$1.98 | Inclusive of \$3.20 hrly Premium Pay |
| T1005 US | Respite - 6+ consumers being served same time   | Up to 15 Mins | \$1.70     | \$1.70 | Inclusive of \$3.20 hrly Premium Pay |
| T1005-TD | Respite care- RN credentialed staff- Refer to Medicaid manual skilled nursing medical criteria for use  | Up to 15 Mins | \$9.72 RN  |        | Inclusive of \$3.20 hrly Premium Pay |
| T1005-TE | Respite care- LPN credentialed staff- Refer to Medicaid manual skilled nursing medical criteria for use | Up to 15 Mins | \$9.20 LPN |        | Inclusive of \$3.20 hrly Premium Pay |

**Other Related Services... (ABA Eligibility Determination/Closure panel type) - Contractual Optional Services**

| Code/Modifier | Service Definition | Unit Type / Definition | CMHP | LP, LLP | QMHP |
|---------------|--------------------|------------------------|------|---------|------|
|---------------|--------------------|------------------------|------|---------|------|

|  |   |                            |          |          |          |
|--|---|----------------------------|----------|----------|----------|
| H0031 - Initial Assessment               | Diagnostic/eligibility determination. Assessments and evaluations to determine eligibility for ABA. See below grid(s) by age range & credential   | Assessment                 | \$274.95 | \$333.00 |          |
| H0031 - Re-Assessment or Closing of ADOS | Mental Health <b>Re-Assessment and/or Closing of ADOS</b> by Non Physician - Avg 2 hours  | Assessment                 | \$182.00 | \$182.00 | \$182.00 |
| 90791                                    | Psychiatric evaluation. See below grid(s) by age range & credential   | Evaluation                 |          | \$333.00 |          |
| 90792                                    | Psychiatric Eval w/ medical svcs. See below grid(s) by age range & credential   | Evaluation                 |          | \$333.00 |          |
| 96112                                    | Assessment: Health Psychiatric Evaluation/Psychological Testing, Other Assessments  | First 60 Minutes           |          | \$111.00 | \$91.65  |
| 96113                                    | Assessment: Health Psychiatric Evaluation/Psychological Testing, Other Assessments  | Each Additional 30-minutes |          | \$55.50  | \$45.83  |
| 96130                                    | Psychological Testing, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, First hour. See below grid(s) by age range & credential      | 60 mins                    |          | \$111.00 | \$91.65  |
| 96131                                    | Each addition Hour after 96130, See below grid(s) by age range & credential   | 60 mins                    |          | \$111.00 | \$91.65  |
| 96132                                    | Neuropsychological Testing, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, First hour. See below grid(s) by age range & credential | 60 mins                    |          | \$111.00 |          |
| 96133                                    | Each addition Hour after 96132. See below grid(s) by age range & credential   | 60 mins                    |          | \$111.10 |          |
| 96136                                    | Psychological or neuropsychological test administration and scoring, two or more test, first 30 minutes. See below grid(s) by age range & credential  | 30 mins                    |          | \$55.50  | \$45.83  |
| 96137                                    | Each additional 30-Mins after 96136. See below grid(s) by age range & credential  | 30-mins                    |          | \$55.50  | \$45.83  |
| H0032                                    | IPOS attendance or plan in-servicing  | Encounter                  | \$125.00 | \$125.00 | \$125.00 |



|  |  |  |  |  |  |
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|--|--|--|--|--|--|

**HS Codes OT/PT/SP/Activity (Health Services panel type) - Contractual Optional Services**

| Code/Modifier | Service Definition                       | Unit Type / Definition | OT      | PT                                  | SP       | Activity Therapy (CW & SEDW Populations Only) |
|---------------|--|------------------------|---------|-------------------------------------|----------|---|
| 92507         | Speech Therapy Individual                | Encounter              |         |                                     | \$136.50 |   |
| 92508         | Speech Therapy Group                     | Encounter              |         |                                     | \$66.15  |   |
| 92521         | Evaluation of Speech Fluency             | Evaluation             |         |                                     | \$231.53 |   |
| 92522         | Eval of Speech Sound Production          | Evaluation             |         |                                     | \$231.53 |   |
| 92523         | Eval of Speech w/ Language Eval          | Evaluation             |         |                                     | \$231.53 |   |
| 92524         | Behavioral and Quality Analysis of Voice | Encounter              |         |                                     | \$231.53 |   |
| 92526         | Swallowing Treatment                     | Encounter              |         |                                     | \$132.30 |   |
| 92607         | Eval for Rx for Speech Devices           | 60 mins                |         |                                     | \$110.25 |   |
| 92608         | Eval for Rx for Speech add-on 30         | 30 mins                |         |                                     | \$55.13  |   |
| 92609         | Therapeutic Svs for Speech Device        | Encounter              |         |                                     | \$231.53 |   |
| 92610         | Swallowing Function Eval                 | Evaluation             |         |                                     | \$231.53 |   |
| 97110         | OT/PT Therapeutic Procedure              | Per 15 Mins            | \$27.56 |                                     |          |   |
| 97110         | OT/PT Therapeutic Procedure              | Per 15 Mins            |         | \$27.56                             |          |   |
| 97112         | OT/PT Neuro Re-education                 | Per 15 Mins            | \$27.56 |                                     |          |   |
| 97112         | OT/PT Neuro Re-education                 | Per 15 Mins            |         | \$27.56                             |          |   |
| 97116         | OT/PT Gait Training                      | Per 15 Mins            | \$27.56 |                                     |          |   |
| 97116         | OT/PT Gait Training                      | Per 15 Mins            |         | \$27.56                             |          |   |
| 97124         | OT/PT Massage Therapy                    | Per 15 Mins            | \$26.25 |                                     |          |   |
| 97124         | OT/PT Massage Therapy                    | Per 15 Mins            |         | \$26.25                             |          |   |
| 97140         | OT/PT Manual Therapy                     | Per 15 Mins            | \$27.56 |                                     |          |   |
| 97140         | OT/PT Manual Therapy                     | Per 15 Mins            |         | \$27.56                             |          |   |
| 97161         | PT Eval Low Complex 20 Min               | Evaluation             |         | \$189.00,<br>\$294.00<br>wheelchair |          |   |
| 97162         | PT Eval Mod Complex 30 Min               | Evaluation             |         | \$189.00,<br>\$294.00<br>wheelchair |          |   |
| 97163         | PT Eval High Complex 45 Min              | Evaluation             |         | \$189.00,<br>\$294.00<br>wheelchair |          |   |
| 97164         | PT Re-Eval Est Plan Care                 | Evaluation             |         | \$157.50                            |          |   |

|          |   |             |                                     |          |          |          |
|----------|---|-------------|-------------------------------------|----------|----------|----------|
| 97165    | OT Eval Low Complex 30 Min                      | Evaluation  | \$189.00,<br>\$294.00<br>wheelchair |          |          |          |
| 97166    | OT Eval Mod Complex 45 Min                      | Evaluation  | \$189.00,<br>\$294.00<br>wheelchair |          |          |          |
| 97167    | OT Eval High Complex 60 Min                     | Evaluation  | \$189.00,<br>\$294.00<br>wheelchair |          |          |          |
| 97168    | OT Re-Eval established plan of care             | Evaluation  | \$157.50                            |          |          |          |
| 9716X    | OT/PT Evaluation                                | Evaluation  | \$0.01                              |          |          |          |
| 9716X    | OT/PT Evaluation                                | Evaluation  |                                     | \$0.01   |          |          |
| 97530    | OT/PT Therapeutic Activities                    | Per 15 Mins | \$27.56                             |          |          |          |
| 97530    | OT/PT Therapeutic Activities                    | Per 15 Mins |                                     | \$27.56  |          |          |
| 97533    | Sensory Integration                             | Per 15 Mins | \$27.56                             |          |          |          |
| 97533    | Sensory Integration                             | Per 15 Mins |                                     | \$27.56  |          |          |
| 97535    | Self Care Training                              | Per 15 Mins | \$27.56                             |          |          |          |
| 97535    | Self Care Training                              | Per 15 Mins |                                     | \$27.56  |          |          |
| 97542    | OT/PT Wheelchair Mgmt Training                  | Per 15 Mins | \$27.56                             |          |          |          |
| 97542    | OT/PT Wheelchair Mgmt Training                  | Per 15 Mins |                                     | \$27.56  |          |          |
| G0176    | Activity Therapy -CW & SEDW<br>populations only | Encounter   |                                     |          |          | \$64.58  |
| H0032    | IPOS attendance or plan in-servicing            | Encounter   | \$125.00                            | \$125.00 | \$125.00 | \$125.00 |
| H0032 TS | Treatment planning-monitoring                   | Encounter   | \$125.00                            | \$125.00 | \$125.00 | \$125.00 |
| S8990    | Physical therapy maintenance                    | Encounter   | \$27.56                             |          |          |          |
| S8990    | Physical therapy maintenance                    | Encounter   |                                     | \$27.56  |          |          |

**ABA/Family Skills Development H0032 code usage** – Note must be dated with start/stop times identified to coincide with claim submission:

- ABA plan in-servicing – In-servicing of ABA plan to residential home manager/home staff with consumer present.
- PCP attendance – 1 billable encounter per invited PCP face to face attendance and 1 billable encounter per PCP face to face pre-planning request with consumer present.

**Health Services H0032 code usage** – Note must be dated with start/stop times identified to coincide with claim submission:

- Health Services plan in-servicing – In-servicing of Health Service (HS) care plan with consumer present.
- PCP attendance – 1 billable encounter per invited PCP face to face attendance and 1 billable

encounter per PCP face to face pre-planning request with consumer present.

**Health Services H0032-TS code usage** – Monitoring of plan. Frequency of monitoring to be identified in IPOS.

## ABA Eligibility Determination Protocol Effective 1/1/22:

(Rendering Provider agrees not to solicit to consumer/guardians during any ABA eligibility determination session of its own ABA direct therapy service delivery options to avoid conflict of interest, as consumer's choice of provider is explored through their assigned supports coordinator):

### Very Young Children (age 3 and younger)

The following battery is expected to be completed (Adaptive/developmental assessment should be completed *PRIOR* to the ADOS-2)

- **Clinical interview**, including thorough assessment of developmental symptom history (medical, behavioral, and social history [ADI-R or clinical equivalent])
- **Developmental evaluation** (Mullen Scales of Early Learning, Bayley Scales of Infant Development- Third Edition) *\*unless testing has already been conducted to give an estimate of the child's developmental skill levels, including expressive language, receptive language, and nonverbal skills*
- **Adaptive skills** (Vineland-3 or similar measure)
- **Observational assessment of social behaviors** (ADOS-2 & informal)
  - o Toddler module: children under 31 months (not yet phrase speakers)
  - o Module 1: children 31 months & older speaking primarily single words
  - o Module 2: children of *any* age who are fluent, flexible phrase speakers

| Domain  | Recommended Assessment Tool  | Age Range of Tool   | Approx. Administration Time of Tool   | CPT Code  | Credential | Units/Rates                               |
|---|--|---|---|---|------------|---|
| Clinical Interview (developmental symptom history of medical, behavioral, and social history) | ➤ Autism Diagnostic Interview-Revised. ADI-R or clinical equivalent. | ➤ ADI-R-Children and Adults with mental age above 2.0 (Can be used for children under 2 for baseline guide) | ➤ ADI-R- 90-150 minutes (3 hours average) including scoring and feedback session. | 90791 to be rendered during Clinical Interview (ADI-R) segment of testing<br>LP, LLP, LMSW, LLMSW |            | LP, LLP, LMSW, LLMSW<br>90791 = 1 @ \$333 |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
|   |  |   |   |  | LP/LLP/LMSW<br>/LLMSW<br>96130 = 1 @<br>\$111<br>96131 = 1 @<br>\$111  |
| Developmental<br>Evaluation<br>(Developmental<br>skill levels,<br>including<br>expressive<br>language,<br>receptive<br>language, and<br>nonverbal skills) | <ul style="list-style-type: none"> <li>➤ Mullen<br/>Scales of<br/>Early<br/>Learning</li> <li>➤ Bayley<br/>Scales of<br/>Infant Dev-<br/>3<sup>rd</sup> Edition</li> </ul> | <ul style="list-style-type: none"> <li>➤ Mullen-<br/>Birth to<br/>5.8 years</li> <li>➤ Bayley-1<br/>to 42<br/>months</li> </ul> | <ul style="list-style-type: none"> <li>➤ Mullen- depends on<br/>age (15 min face to<br/>face for 1 year old;<br/>40-60 min. face to<br/>face for 5-year-old).<br/>(30-minute average<br/>for face to face with<br/>consumer)<br/>Include<br/>professional's time<br/>face to face with<br/>beneficiary and/or<br/>guardian(s)/<br/>caregiver(s)<br/>administering<br/>assessments and<br/>discussing findings<br/>and<br/>recommendations<br/>as well as the non-<br/>face-to-face time of<br/>analyzing past data,<br/>scoring/interpreting<br/>the assessment,<br/>and preparing the<br/>report/treatment<br/>plan. (Bill last day<br/>of service)</li> <li>➤ Bayley- 45-60 min.<br/>(60-minute<br/>average)</li> </ul> | 96130 (1 <sup>st</sup> hour)<br>96131 (each additional<br>hour)<br>LP, LLP, LMSW,<br>LLMSW | LP/LLP/LMSW<br>/LLMSW<br>96112 = 1 @<br>\$111<br>96113 = 1 @<br>\$55.50<br>can bill an<br>additional<br>96113 if<br>necessary. |

|   |   |   |  |  |                      |  |
|---|---|---|--|--|----------------------|--|
| Adaptive Skills<br>(Performance of daily activities required for personal and social sufficiency) | ➤ Vineland-3 or similar measure that assesses adaptive skills such as ABAS-II, SIB-R. | ➤ Vineland- Birth to 90 years   | ➤ Vineland- Interview format approximately 20-60 minutes. (60-minute Average)<br>Parent/caregiver self-report approximately 30-60 minutes (60-minute average if completed by interview only)<br>Include professional's time face to face with beneficiary and/or guardian(s)/ caregiver(s) administering assessments and discussing findings and recommendations as well as the non-face-to-face time of analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Bill last day of service) | 96112<br>(1st hour)<br><br>96113<br>(each additional 30 minutes)               | LP, LLP, LMSW, LLMSW | LP/LLP/LMSW /LLMSW<br>96136 = 1 @ \$55.50<br>96137 = 1 @ \$55.50 can bill up to 2 additional units of 96137 if necessary |
| Observational Assessment of Social Behaviors  | ➤ Autism Diagnostic Observation Schedule, 2 <sup>nd</sup> Edition- ADOS-2- Required   | ➤ ADOS-2- 12 months to Adult<br>Toddler Module: under 31 months (not yet phase speakers)<br>Module 1: 31 months & older speaking primarily single words<br>Module 2: children of any age who are fluent, flexible phrase speakers | ➤ ADOS-2 - 40-60 minutes (60-minute average)   | 96136<br>(1 <sup>st</sup> 30 minutes)<br><br>96137<br>(Each Addt'l 30 minutes) | LP, LLP, LMSW, LLMSW |  |

**Other Considerations for this Population:**

Completing standardized testing with very young children can be difficult. Developmental measures (unlike most intellectual assessment measures) allow for multiple repetition of directions and items unless specifically noted in the manual. Young kids are inconsistent with displaying skills, so patience is necessary. If the child shows significant separation anxiety, which is normative at 12-24 months, the child may perform best with the caregiver in the room.

The ADOS-2 does a good job of differentiating children with Intellectual or Developmental Disability (I/DD) from kids with ASD; however, this relies on the examiner's ability to correctly interpret items within the appropriate developmental context, including verbal and nonverbal skills. For young children with mild to moderate global delay or intellectual disability, research has supported that the lack of use of joint attention behaviors and a flat or declining social and communication trajectory are more often seen in children ASD as compared to kids with I/DD without ASD. Remember that children with intellectual and developmental disabilities have high rates of sensory and repetitive behaviors, so these behaviors in the absence of social affective deficits should not be used to diagnose ASD, though the frequency of motoric symptoms may be higher in kids with ASD. The ADOS-2 is not a good differentiator for children with severe to profound intellectual disability.

*Children in this age range have a good opportunity for a positive response to intervention. Therefore, while treatment of current symptoms is necessary, on-going assessment of symptoms and developmental status is important as the current deficits should not be viewed as the child's long-term status or used for long-term planning.*

#### Young Children (age 4 to 6)

The following battery is expected to be completed (Adaptive/developmental assessment should be completed **PRIOR** to the ADOS-2)

- **Clinical interview**, including thorough assessment of developmental symptom history (medical, behavioral, and social history [ADI-R or clinical equivalent])
- **Intellectual/Developmental evaluation** (Mullen Scales of Early Learning [MSEL; Note: Mullen norms only go through age 5:5], Wechsler Preschool and Primary Scale of Intelligence, Fourth Ed [WPPSI-IV], Differential Ability Scales, Second Ed [DAS-II] Early Years Battery, Stanford-Binet, Fifth Ed [SB-5]) *\*unless testing has already been conducted to give an estimate of the child's verbal and nonverbal intellectual status*
- **Adaptive skills** (Vineland-3 or similar measure)
- **Observational assessment of social behaviors** (ADOS-2 & informal)

| Domain   | Recommended Tool   | Age Range  | Administration Time   | CPT Code  | Credential* | Units/Rates                   |
|--|--|--|---|---|-------------|-------------------------------|
| Clinical Interview- (Developmental Symptom history of medical, behavioral, and social history) | ➤ Autism Diagnostic Interview-Revised; ADI-R or clinical equivalent. | ➤ ADI-R- Children and Adults with mental age above 2.0 | ➤ ADI-R- 90-150 minutes (3 hours average) including scoring and feedback session. | H0031- Encounter-to be rendered during Clinical Interview (ADI-R) segment of testing. | CMHP        | CMHP*<br>H0031 = 1 @ \$274.95 |
|  |  |  |   | 90791 to be rendered during Clinical Interview (ADI-R)                                | LP, LLP     | LP, LLP*<br>90791 = 1 @ \$333 |



|   |  |   |  | segment of testing   |                               |   |
|---|--|---|--|--|-------------------------------|---|
| Developmental Evaluation<br>(Developmental skill levels, including expressive language, receptive language, and nonverbal skills) | <ul style="list-style-type: none"> <li>➤ Mullen Scales of Early Learning</li> <li>➤ Wechsler Preschool &amp; Primary Scale of Intelligence, 4<sup>th</sup> Ed. [WPPSI-IV]</li> <li>➤ Differential Ability Scales, 2<sup>nd</sup> Ed [DAS-II], Early Years Battery</li> <li>➤ Stanford-Binet, 5<sup>th</sup> Ed [SB-5]</li> </ul> | <ul style="list-style-type: none"> <li>➤ Mullen - Birth to 5.8 years</li> <li>➤ WPPSI-IV- 2.6 years – 7.7</li> <li>➤ DAS-II- 2:6 – 17:11 years</li> <li>➤ SB-5- 2 to 85+ years for SB-5, 2.0 to 5.11 years for full battery; 6.0 to 7.3 years for abbreviated battery for Early SB-5</li> </ul> | <p>Mullen- depends on age (15 min for 1 year old; 40-60 min. for 5-year-old). (30-minute average) Include professional's time face to face with beneficiary and/or guardian(s)/ caregiver(s) administering assessments and discussing findings and recommendations as well as the non-face-to-face time of analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Bill last day of service)</p> <ul style="list-style-type: none"> <li>➤ WPPSI-IV- Ranges from 45-60 min. (60-minute average)</li> <li>➤ DAS-II -Core Battery 45-60 minutes; Diagnostic Subtests 30 minutes (60 min average)</li> <li>➤ SB-5- Five minutes per subtest. 10 individually administered subtest with manipulatives. (60 min. average)</li> </ul> | <p>96130 (1<sup>st</sup> hour)</p> <p>96131 (each additional hour)</p> | <p>LP, LLP, CMHP, or QMHP</p> | <p>LP/ LLP/CMHP,<br/>96130 = 1 @ \$111<br/>96131 = 1 @ \$111</p> <p><b>QMHP*</b><br/>96130 = 1 @ \$91.65<br/>96131 = 1 @ \$91.65<br/>can bill an additional 96131 if necessary.</p> <p>LP/ LLP/ CMHP<br/>96112 = 1 @ \$111<br/>96113 = 1 @ \$55.50<br/>can bill an additional 96113 if necessary.</p> |
| Adaptive Skills<br>(Performance of daily activities required for personal and social sufficiency)                                 | <ul style="list-style-type: none"> <li>➤ Vineland-3 or similar measure</li> </ul>  | <ul style="list-style-type: none"> <li>➤ Vineland- Birth to 90 years</li> </ul>   | <ul style="list-style-type: none"> <li>➤ Vineland- Interview format approximately 20-60 minutes (60-minute average) Parent/caregiver self-report approximately 30-60 minutes (60-minute average if completed by</li> </ul>   | <p>96112 (1st hour)</p> <p>96113 (each additional 30-minutes)</p>      | <p>LP, LLP, CMHP or QMHP</p>  | <p><b>QMHP</b><br/>96112 = 1 @ \$91.65<br/>96113 = 1 @ \$45.83</p>  |

|  |  |   |   |   |                       |  |
|--|--|---|---|---|-----------------------|--|
|  |  |   | interview only)<br>Include professional's time face to face with beneficiary and/or guardian(s)/ caregiver(s) administering assessments and discussing findings and recommendations as well as the non-face-to-face time of analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Bill last day of service) |   |                       | can bill an additional 96113 if necessary.<br><br>LP/LLP/CMHP*<br>96136 = 1 @ \$55.50<br>96137 = 1 @ \$55.50 can bill up to 2 additional units of 96137 if necessary |
| Observational Assessment of Social Behaviors | ➤ Autism Diagnostic Observation Schedule, 2 <sup>nd</sup> Edition [ADOS-2] | ➤ ADOS-2- 12 months to Adult<br><br>Toddler Module: under 31 months (not yet phase speakers)<br>Module 1: 31 months & older speaking primarily single words<br>Module 2: children of any age who are fluent, flexible phrase speakers | ➤ ADOS-2- 40-60 minutes (60-minute average)   | 96136 (1 <sup>st</sup> 30 minutes)<br><br>96137 (each addtl 30 minutes) | LP, LLP, CMHP or QMHP | QMHP *<br>96136 = 1 @ \$45.83<br>96137 = 1 @ \$45.83<br>can bill up to 2 additional units of 96137 if necessary.   |

#### Other Considerations for this Population

The MSEL and DAS-II Early Years Battery effectively delineate receptive and expressive language skills, as well as provide a solid nonverbal intellectual score. Aside from the one-word receptive language subtest, the Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV) requires verbal responses for an estimate of verbal reasoning skills. Therefore, a Mullen (if not over age 5:5), DAS-II, or other nonverbal measure (e.g., Leiter-3, UNIT-2) may be the best choice for assessment of children with known limited language output.

It can be difficult to select the most appropriate ADOS-2 module for this age range. The following points should be considered when selecting the ADOS-2 module:

- Remember phrase speech must be spontaneous and not only echolalic (immediate or delayed) for the child to be best assessed using module 2.

- Some children in this age range are best assessed using module 3 for fluent sentence speakers; sentences should be complex and communicatively meaningful. Many children begin speaking in basic sentences (“I want a cookie.”) with every now and then uttering a complex sentence (“I went to the store with my mommy.”) before they are truly verbally fluent speakers.
- Further, some children with ASD may be capable of speaking at a level higher than what they typically utilize; however, the selection of the module should be based on the language sample in the ADOS-2, rather than on the best circumstance; developmental/intellectual assessment often helps to guide this decision. For example, if the child is able to say phrases, but does not do so routinely and instead communicates in single words most of the time, the child would be administered module 1.
- *As clearly noted in the ADOS-2 manual, if it is unclear what module the child should receive, go with the module with lower language expectations.*

#### School Aged Children/Teens/Young Adults of Suspected Intact Intellectual Skills

#### The following battery is recommended:

- **Clinical interview** (caregiver and teen/young adult), including thorough assessment of developmental symptom history (medical, behavioral, and social history [ADI-R or clinical equivalent])
- **Intellectual evaluation** (Wechsler Intelligence Scale for Children, Fifth Ed [WISC-V], Differential Ability Scales-Second Ed [DAS-II], Stanford-Binet, Fifth Ed [SB-5], Wechsler Adult Intelligence Scale, Fourth Ed [WAIS-IV]) *\*unless testing has already been conducted to give an estimate of the individual’s verbal and nonverbal intellectual status*
- **Adaptive skills** (Vineland-3 or similar)
- **Observational assessment of social behaviors** (ADOS-2 & informal)

Neuropsychological evaluation (comprehensive and/or targeted) can be helpful in guiding interventions but is not typically necessary for diagnosis of ASD. Individuals with medical complications such as seizure disorders, brain trauma, or extreme prematurity show variable cognitive skills and as such, more comprehensive testing is often helpful.

| Domain   | Recommended Tool   | Age Range  | Administration Time   | CPT Code   | Credential* | Units/Rates                   |
|--|--|--|---|--|-------------|-------------------------------|
| Clinical Interview- (Developmental Symptom history of medical, behavioral, and social history) | ➤ Autism Diagnostic Interview-Revised; ADI-R or clinical equivalent. | ➤ ADI-R- Children and Adults with mental age above 2.0 | ➤ ADI-R- 90-150 minutes (3 hours average) including scoring and feedback session. | H0031 - Encounter to be rendered during Clinical Interview (ADI-R) segment of testing. | CMHP        | CMHP*<br>H0031 = 1 @ \$274.95 |
|  |  |  |   | 90791 to be rendered during Clinical Interview (ADI-R) segment of testing              | LP, LLP     | LP, LLP*<br>90791 = 1 @ \$333 |

|  |  |  |   |  |                              |   |
|--|--|--|---|--|------------------------------|---|
| Developmental Evaluation (Developmental skill levels, including expressive language, receptive language, and nonverbal skills) | <ul style="list-style-type: none"> <li>➤ Mullen Scales of Early Learning</li> <li>➤ Wechsler Preschool &amp; Primary Scale of Intelligence, 4<sup>th</sup> Ed. [WPPSI-IV]</li> <li>➤ Differential Ability Scales, 2<sup>nd</sup> Ed [DAS-II],</li> <li>➤ Stanford-Binet, 5<sup>th</sup> Ed [SB-5]</li> </ul> | <ul style="list-style-type: none"> <li>➤ Mullen- Birth to 5.8 years</li> <li>➤ WPPSI-IV- 6 years to 16 years 11 months</li> <li>➤ DAS-II- 2:6 – 17:11 years</li> <li>➤ SB-5- 2 to 85+ years for SB-5, 2.0 to 5.11 years for full battery; 6.0 to 7.3 years for abbreviated battery for Early SB-5</li> </ul> | <p>Mullen- Depends on age (15 min for 1 year old; 40-60 min. for 5-year-old). Include professional's time face to face with beneficiary and/or guardian(s)/ caregiver(s) administering assessments and discussing findings and recommendations as well as the non-face-to-face time of analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Bill last day of service)</p> <ul style="list-style-type: none"> <li>➤ WPPSI-IV- 45-60 min. (60-minute average)</li> <li>➤ DAS-II- Individual- Varies by number of subtests administered.</li> <li>➤ SB-5- Core Battery 45-60 minutes; Diagnostic Subtests 30 minutes</li> </ul> <p>5 minutes per subtest. 10 individually administered subtests involving manipulatives. 60 minutes</p> | <p>96130 (1<sup>st</sup> hour)</p> <p>96131 (each additional hour)</p> | <p>LP, LLP, CMHP or QMHP</p> | <p>LP/ LLP/CMHP</p> <p>96130 = 1 @ \$111</p> <p>96131 = 1 @ \$111</p> <p><b>QMHP*</b></p> <p>96130 = 1 @ \$91.65</p> <p>96131 = 1 @ \$91.65</p> <p>can bill an additional 96131 if necessary.</p>   |
| Adaptive Skills (Performance of daily activities required for personal and social sufficiency)                                 | <ul style="list-style-type: none"> <li>➤ Vineland-3 or similar measure</li> </ul>  | <ul style="list-style-type: none"> <li>➤ Vineland- Birth to 90 years</li> </ul>  | <ul style="list-style-type: none"> <li>➤ Vineland- Interview format approximately 20-60 minutes (60-minute average) Parent/caregiver self-report approximately 30-60 minutes (60-minute average if completed by interview only) Include professional's time face to face with beneficiary and/or guardian(s)/ caregiver(s) administering assessments and</li> </ul>   | <p>96112 (1st hour)</p> <p>96113(each additional 30-minutes)</p>       | <p>LP, LLP, CMHP or QMHP</p> | <p>LP/ LLP/CMHP</p> <p>96112 = 1 @ \$111</p> <p>96113 = 1 @ \$55.50</p> <p>can bill an additional 96113 if necessary.</p> <p><b>QMHP*</b></p> <p>96112 = 1 @ \$91.65</p> <p>96113 = 1 @ \$45.83</p> |

|  |  |   |   |   |                       |   |
|--|--|---|---|---|-----------------------|---|
|  |  |   | discussing findings and recommendations as well as the non-face-to-face time of analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Bill last day of service) |   |                       | can bill an additional 96113 if necessary.  |
| Observational Assessment of Social Behaviors | ➤ Autism Diagnostic Observation Schedule, 2 <sup>nd</sup> Edition [ADOS-2] | ➤ ADOS-2- 12 months to Adult<br>➤ Toddler Module: under 31 months (not yet phase speakers)<br>➤ Module 1: 31 months & older speaking primarily single words<br>➤ Module 2: children of any age who are fluent, flexible phrase speakers | ➤ ADOS-2- 40-60 minutes (60-minute average)   | 96136 (1 <sup>st</sup> 30 minutes)<br><br>96137 (each addtl 30 minutes) | LP, LLP, CMHP or QMHP | LP/LLP/CMHP*<br>96136 = 1 @ \$55.50<br>96137 = 1 @ \$55.50 can bill up to 2 additional units of 96137 if necessary<br><br>QMHP*<br>96136 = 1 @ \$45.83<br>96137 = 1 @ \$45.83<br>can bill up to 2 additional units of 96137 if necessary. |

#### Other Considerations for this Population:

For those 18 and over who could *potentially* self-present for the evaluation, it is important to have caregiver report of the individual's developmental symptom history whenever possible. If not available, review of educational records, including IEPs and school psychoeducational evaluations, is essential.

The DAS-II has extended norms available that allow for assessment with the early years and/or school aged battery. Age equivalents are given for subtests and a standardized global clinical composite can be generated. For low functioning individuals, the DAS-II is an excellent assessment measure to truly understand the individual's intellectual functioning as the individual may show a floor effect on the WISC-V and WAIS-IV.

Specific nonverbal assessment measures, such as the Leiter-3 or UNIT-2 could be considered for individuals without spoken language.

The ADOS-2 module should be based on language level irrespective of the individual's chronological age. Module 1 or 2 could potentially be the most appropriate module for very low functioning individuals.

See the ADOS-2 manual for further information of administering a lower-level module to older children, teens, and young adults. Note that the materials from any module can be used when administering the ADOS-2.

### Older Kids/Teens/Young Adults of Suspected Low Intellectual Functioning

The following battery is recommended:

- **Clinical interview**, including thorough assessment of developmental symptom history (medical, behavioral, and social history [ADI-R or clinical equivalent])
- **Intellectual evaluation** (DAS-II, WISC-V, SB-5, WAIS-IV) *\*unless testing has already been conducted to give an estimate of the individual's verbal and nonverbal intellectual status*
- **Adaptive skills** (Vineland-3)
- **Observational assessment of social behaviors** (ADOS-2 & informal)

| Domain   | Recommended Tool   | Age Range   | Administration Time   | CPT Code  | Credential<br>* | Units/Rates                   |
|--|--|---|---|---|-----------------|-------------------------------|
| Clinical Interview- (Developmental Symptom history of medical, behavioral, and social history) | ➤ Autism Diagnostic Interview-Revised; ADI-R or clinical equivalent.                                   | ➤ ADI-R - Children and Adults with mental age above 2.0                 | ➤ ADI-R- 90-150 minutes (3 hours average) including scoring and feedback session.   | H0031 - Encounter- to be rendered during Clinical Interview (ADI-R) segment of testing. | CMHP            | CMHP*<br>H0031 = 1 @ \$274.95 |
|  |  |   |   | 90791 to be rendered during Clinical Interview (ADI-R) segment of testing               | LP, LLP,        | LP, LLP*<br>90791 = 1 @ \$333 |
| Intellectual Evaluation (Assessment of intellectual capacity)                                  | ➤ Mullen Scales of Early Learning<br>➤ Wechsler Intelligence Scale for Children Fifth Edition [WISC-V] | ➤ Mullen- Birth to 5.8 years<br>➤ WISC-V- 6 years to 16 years 11 months | Mullen- Depends on age (15 min for 1 year old; 40-60 min. for 5-year-old). Include professional's time face to face with beneficiary and/or guardian(s)/ caregiver(s) administering assessments and |   |                 |                               |



|  |  |  |  |  |                              |   |
|--|--|--|--|--|------------------------------|---|
|  | <ul style="list-style-type: none"> <li>➤ Wechsler Adult Intelligence Scale 4<sup>th</sup> Edition [WAIS-IV]</li> <li>➤ Differential Ability Scales, 2<sup>nd</sup> Ed [DAS-II],</li> <li>➤ Stanford-Binet, 5<sup>th</sup> Ed [SB-5]</li> </ul> | <ul style="list-style-type: none"> <li>➤ WAIS-IV- 16:0-90:11 Years</li> <li>➤ DAS-II- 2:6 – 17:11 years</li> <li>➤ SB-5- 2 to 85+ years for SB-5, 2-0 to 5-11 years for full battery; 6-0 to 7-3 years for abbreviated battery for Early SB-5</li> </ul> | <p>discussing findings and recommendations as well as the non-face-to-face time of analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Bill last date of service)</p> <ul style="list-style-type: none"> <li>➤ WISC-V- Core Subtests 60 minutes</li> <li>➤ WAIS-IV- 60-90 minutes for core subtests</li> <li>➤ DAS-II- Core Battery 45-60 minutes. Diagnostic Subtests 30 minutes</li> <li>➤ SB-5 5 minutes per subtest</li> </ul> | <p>96130 (1<sup>st</sup> hour)</p> <p>96131 (each additional hour)</p> | <p>LP, LLP, CMHP or QMHP</p> | <p>LP/ LLP/CMHP, 96130 = 1 @ \$111<br/>96131 = 1 @ \$111</p> <p>QMHP*<br/>96130 = 1 @ \$91.65<br/>96131 = 1 @ \$91.65<br/>can bill an additional 96131 if necessary.</p>  |
| Adaptive Skills (Performance of daily activities required for personal and social sufficiency) | <ul style="list-style-type: none"> <li>➤ Vineland-3 or similar measure</li> </ul>  | <ul style="list-style-type: none"> <li>➤ Vineland-3- Birth to 90 years</li> </ul>  | <ul style="list-style-type: none"> <li>➤ Vineland- Interview format approximately 20-60 minutes (60-minute average)</li> </ul> <p>Parent/caregiver self-report approximately 30-60 minutes (60-minute average if completed by interview only)<br/>Include professional's time face to face with beneficiary and/or guardian(s)/ caregiver(s) administering assessments and discussing findings and recommendations as well as the non-face-to-face time of</p>                     | <p>96112 (1st hour)</p> <p>96113(each additional 30 minutes)</p>       | <p>LP, LLP, CMHP or QMHP</p> | <p>LP/ LLP/CMHP, 96112 = 1 @ \$111<br/>96113 = 1 @ \$55.50<br/>can bill an additional 96113 if necessary.</p> <p>QMHP*<br/>96112 = 1 @ \$91.65<br/>96113 = 1 @ \$45.83<br/>can bill an additional 96113 if necessary.</p> |

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|--|--|--|--|--|-----------------------|--|
|  |  |  | analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Bill last date of service) |  |                       | LP/LLP/CMHP*<br>96136 = 1 @ \$55.50<br>96137 = 1 @ \$55.50 can bill up to 2 additional units of 96137 if necessary   |
| Observational Assessment of Social Behaviors | ➤ Autism Diagnostic Observation Schedule, 2 <sup>nd</sup> Edition [ADOS-2] | ➤ ADOS-2 12 months to Adult<br>➤ Toddler Module: under 31 months (not yet phase speakers)<br>➤ Module 1: 31 months & older speaking primarily single words<br>➤ Module 2: children of any age who are fluent, flexible phrase speakers | ➤ ADOS-2- 40-60 minutes (60-minute average)  | 96136 (1 <sup>st</sup> 30 minutes)<br><br>96137 (each additional 30 minutes) | LP, LLP, CMHP or QMHP | \$55.50 can bill up to 2 additional units of 96137 if necessary<br><br>QMHP*<br>96136 = 1 @ \$45.83<br>96137 = 1 @ \$45.83<br>can bill up to 2 additional units of 96137 if necessary. |

#### Other Considerations for this Population:

For those 18 and over who could *potentially* self-present for the evaluation, it is important to have caregiver report of the individual's developmental symptom history whenever possible. If not available, review of educational records, including IEPs and school psychoeducational evaluations, is essential.

The DAS-II has extended norms available that allow for assessment with the early years and/or school aged battery. Age equivalents are given for subtests and a standardized global clinical composite can be generated. For low functioning individuals, the DAS-II is an excellent assessment measure to truly understand the individual's intellectual functioning as the individual may show a floor effect on the WISC-V and WAIS-IV.

Specific nonverbal assessment measures, such as the Leiter-3 or UNIT-2 could be considered for individuals without spoken language.

The ADOS-2 module should be based on language level irrespective of the individual's chronological age. Module 1 or 2 could potentially be the most appropriate module for very low functioning individuals.

See the ADOS-2 manual for further information of administering a lower-level module to older children, teens, and young adults. Note that the materials from any module can be used when administering the ADOS-2.

**\*For the purposes of performance of evaluations as it relates to Autism Spectrum Disorders (ASD) the credentials are defined below:**

**LP** = Licensed Psychologist.

**LLP** = Limited Licensed Psychologist. Must be supervised by a licensed psychologist licensed less than 10 years: Individually and in person for at least 2 hours per month; licensed more than 10 years: Individually and in person for at least 1 hour per month.

**TLLP** =

**CMHP** = Child Mental Health Professional. Individual with specialized training (see Medicaid qualifications chart for more details) and one year of experience in examination, evaluation, and treatment with ASD population, who is a psychologist, licensed or limited-licensed master's social worker.

**QMHP** = Qualified Mental Health Professional. Individual with specialized training (see Medicaid qualifications chart for more details), OR one year experience in treating or working with a person who has ASD; AND is a psychologist (TLLP) social worker, or behavior analyst.

**PLACE OF SERVICE CODES:**

| <b>Code</b> | <b>Name</b>  | <b>Description</b>   |
|-------------|--|--|
| 02          | Telemedicine – Distant site (not in consumer's home) | <i>As allowable as identified and in effect, in the MICHIGAN PIHP/CMHSP COVID-19 Encounter Code Chart</i>  |
| 03          | School   | A facility whose primary purpose is education (effective January 1, 2003).   |
| 10          | Telemedicine (in consumer's home)                    | <i>As allowable as identified and in effect, in the MICHIGAN PIHP/CMHSP COVID-19 Encounter Code Chart</i>  |
| 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.   |
| 14 | Group Home                     | A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration)   |
| 53 | Community Mental Health Center | A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, & residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine appropriateness of such admission; and consultation and education services. |
| 99 | Other place of service         | Other place of service not identified above.   |

## 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 and 97157, with or 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.
- ABA Behavior Identification Assessment (97151) can be reported at the same time as ABA Adaptive Behavior Treatment (97153 and 97154), ABA Exposure Adaptive Behavior Treatment (0373T), as well as potentially 97157 and 97158. **IF** there are two separate qualified providers. Note: the last two codes (97157 & 97158) cannot be the same provider billing the same time for different services.
- ABA Family Behavior Treatment Guidance with the family (97156 and 97157) and ABA Behavior Identification Assessment (97151) can be reported at the same time as Autism Adaptive Behavioral Treatment (97153-97154 or 0373T) face-to-face with the child. Clinical Observation and Direction can only be reported concurrently with ABA Family Treatment Guidance IF there are two separate qualified providers.
  - Reasoning:
    - 97156 and 97157 can be provided without the child present
    - 97153-97154 ABA Treatment can be provided to the child while the family is receiving Guidance.
    - 97155 Clinical Observation of the child receiving ABA can be done at this time also. Obviously, the same provider would not be able to provide Clinical Observation and Family Guidance services at the same time.
- For ABA, Targeted Case Management and Supports Coordination can be provided at the same time as a beneficiary is receiving a direct ABA covered service; except for when an ABA provider is already conducting clinical observation & direction of the beneficiary and behavior technician; Case management should never overlap with 97155. Must document what case manager is doing and why – monitoring of the IPOS. Frequency of monitoring be reasonable and reflect the needs of the beneficiary.
- ABA Behavioral follow-up assessment (0362T) and Autism Adaptive Behavioral Treatment (97153-97154 and 0373T) can be reported as the same time.

## Attachment C – Local Practices and Reporting Requirements

### PAYOR CONTACTS

| Department/Function                  | Name                                      | Phone                        | Email                                     |
|--------------------------------------|---|------------------------------|---|
| Authorizations                       | Vurlia Wheeler                            | 989-797-3590                 | vwheeler@sccmha.org                       |
| Billing/Reimbursement                | Andrea Schrems                            | 989-797-3495                 | aschrems@sccmha.org                       |
| Reporting Requirements               | ABA- Amanda Elliott<br>HS- Michelle Vance | 989-272-7381<br>989-272-7207 | aelliott@sccmha.org,<br>mvance@sccmha.org |
| Recipient Rights                     | Kentera Patterson                         | 989-797-3539                 | kentera.patterson@sccmha.org              |
| Training                             | Alecia Schabel                            | 989-797-3451                 | aschabel@sccmha.org                       |
| Dir. of Network Srvs.                | Jennifer Keilitz                          | 989-797-3486                 | jkeilitz@sccmha.org                       |
| Chief of Network Business Operations | Matthew Briggs                            | 989-797-3599                 | mbriggs@sccmha.org                        |

**REPORTING REQUIREMENTS:** ABA, CLS, Respite documentation and Referral Grids

In Process



| Autism Provider documents to be scanned into Senti2  | Senti2<br>Label in notes as   | Senti2<br>Scan type | Location   | Who's<br>Responsible<br>to Scan? | Senti2<br>Scan Timeline  |
|--|---|---------------------|--|----------------------------------|--|
| Autism Program Initial Assessment  | Autism Program Initial Assessment   | Autism              | Scanned Documents  | ABA Provider                     | Within 10 business days of date of service (on document should document at least 3 attempts to review with caregiver and get signed) |
| Autism Program Caregiver Statement of Understanding  | Autism Program Caregiver Statement of Understanding                               | Autism              | Scanned Documents  | ABA Provider                     | Within 10 business days of date of service   |
| Autism Program Request for Revision in Treatment Hours/ABA Authorization Form  | Autism Program Request for Revision in Treatment Hours/ABA Authorization Form     | Autism              | Attachment to the IPOS Periodic Review   | SCCMHA Staff                     | Within 5 business days of receipt  |
| Autism Program Staff In-Service  | Autism Program Staff In-Service   | Autism              | In-Service Records in the IPOS Header  | ABA Provider                     | Within 10 business days of date of document  |
| Autism Program 6 Month Progress Report (Semi-Annual Review of Progress)  | Autism Program 6 Month Progress Report (Semi-Annual Review of Progress)           | Autism              | Scanned Documents  | ABA Provider                     | Within 10 business days of date of service   |
| Autism Program Monthly Summary Report  | Autism Program Monthly Summary Report (Month/Year)                                | Autism              | Scanned Documents  | ABA Provider                     | Within 5 business days of receipt  |
| Autism Program Medical Necessity Request-Time Limited Supervision or 2:1 Staffing  | Autism Program Medical Necessity Request-Time Limited Supervision or 2:1 Staffing | Autism              | Attachment to the IPOS Periodic Review   | SCCMHA Staff                     | Within 5 days of receipt   |
| Autism Program Discharge/Transition Plan   | Autism Program Discharge/Transition Plan  | Autism              | Scanned Documents  | ABA Provider                     | Within 10 business days of date of service   |
| Autism Program Eligibility Determination/Re-Evaluation (ADOS/ADIR)   | Autism Program Eligibility Determination  | Autism              | Scanned Documents  | SCCMHA Staff                     | Within 5 business days of receipt  |
| Autism Program Individual Plan of Service Statement of Understanding   | Autism Program Individual Plan of Service Statement of Understanding              | Autism              | In-Service Records in the IPOS Header  | ABA Provider                     | Within 10 business days of date of document  |
| Transportation Needs Assessment Form   | Transportation Needs Assessment Form  | Autism              | Attachment to IPOS Meeting   | SCCMHA Staff                     | Within 5 business days of signature  |
| Behavior Intervention Plan (plan to reduce a particular behavior)**  | Behavior Intervention Plan  |                     | Attachment to IPOS Addendum, if no addendum needed when new IPOS with no change, then attach to IPOS Meeting | SCCMHA Staff                     | Within 5 days of receipt   |
| Provider to notify support coordinator via Senti2 email upon receipt of referral.  |   |                     |  |                                  | <b>Email</b>   |
|  |   |                     |  |                                  | Within 5 business days   |
| **If includes a restrictive/intrusive technique, please notify the Support Coordinator so that the plan can be reviewed by the Behavior Treatment Committee. Please note that you can not implement the plan until approved. |   |                     |  |                                  |  |

## Health Services

| Document  | Who's Responsible to Direct Enter and/or Scan  | Sentri2 location  | Sentri2 Scan to Location   | Direct Entry Timeline  | Scan Timeline  |
|---|--|---|--|--|--|
| Referral  | Case Holder to notify directly to Enhanced Health Service (EHS) via use of Referral Form Supervisor then EHS supervisor will assign to designated discipline/clinician | Sentri Message or Outlook e-mail attaching referral form can be found on agency website <a href="https://www.sccmha.org/intranet/clinical-services/health-services.html">https://www.sccmha.org/intranet/clinical-services/health-services.html</a> | N/A  | Within 5 business days upon initiation of referral and should talk with specific provider (OT, PT, SLP) for details and availability. Also, to include them in the PCP process/meeting | N/A  |
| Prescription for service (OT/PT/SLP)  | Rendering Provider   | N/A   | When prescription comes from primary care doctor- scan in Consumer Chart under "scanned document" section and select Prescription for Services for the <i>Document Type</i>  | N/A  | Within 5 business days of referral/receipt                           |
| EHS specific ancillary Assessment (OT/PT/SLP)                               | Rendering Provider   | Directly type assessment under Consumer Chart-Assessment section and select specific ancillary assessment link  | Scan under Consumer Chart-Assessment section as attachment to specific ancillary assessment (OT/PT/SLP)  | Within 15 business days from initial face-to-face (t/f) meeting for that assessment and services to begin and in-service provided within 45 days of completion of assessment           | Within 15 business days from initial t/f meeting for that assessment |
| Individualized program/treatment (the goals, objectives, and methodologies) | Currently case holder enters within IPOS by documenting: see OT, PT, SLP assessment for individual goals/treatments.   | Specific goals/objs/methods in IPOS   | N/A  | Within a reasonable amount of time frame from notification of completed assessment   | N/A  |
| Progress Notes  | Rendering Provider   | Direct entry under Consumer Chart-Services section under Progress Notes link  | Provider is required to secure adequate internal or Sentri2 documentation to support each of its monitoring notes: <b>Due to the potential volume of direct entry associated with each note, SCCMHA is not requiring each progress/monitoring note to be entered/scanned into Sentri2. However, does expect at a minimum monthly notes scanned in as a batch at the end of each month and/or a monthly summary of progress and the last monitoring note of each month to be directly entered into Sentri2 as monthly monitoring progress report and can be scanned in under attachment tab to the progress note link</b> | Within 5 working days from the date of that service or contact   | Within 5 working days of final monitoring date of service each month |

**Provider Name** \_\_\_\_\_

**Community Living Supports (CLS) Weekly Documentation Log**

|  |                      |             |                          |             |             |             |             |             |
|--|----------------------|-------------|--------------------------|-------------|-------------|-------------|-------------|-------------|
| <b>Consumer Name:</b>  |                      |             | <b>Case Number:</b>      |             |             |             |             |             |
| <b>Staff Name:</b>   |                      |             | <b>Month &amp; Year:</b> |             |             |             |             |             |
|  | <b>Date:</b>         |             |                          |             |             |             |             |             |
|  | <b>Service Code:</b> | H2015       | H2015                    | H2015       | H2015       | H2015       | H2015       | H2015       |
| <b>Service code if serving more than one consumer at the same time</b> |                      | H2015<br>TT | H2015<br>TT              | H2015<br>TT | H2015<br>TT | H2015<br>TT | H2015<br>TT | H2015<br>TT |
|  | <b>Time in :</b>     |             |                          |             |             |             |             |             |
|  | <b>Time out :</b>    |             |                          |             |             |             |             |             |
|  | <b>Total Hours</b>   |             |                          |             |             |             |             |             |

Indicate one of the following letters for personal care services as defined within the PCP  
Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistance (M), Dependent (D)

|   | In PCP<br>(Yes/No) |  |  |  |  |  |  |  |
|---|--------------------|--|--|--|--|--|--|--|
| Transferring                                |                    |  |  |  |  |  |  |  |
| Ambulation/Mobility                         |                    |  |  |  |  |  |  |  |
| Eating                                      |                    |  |  |  |  |  |  |  |
| Toileting                                   |                    |  |  |  |  |  |  |  |
| Bathing                                     |                    |  |  |  |  |  |  |  |
| Dressing                                    |                    |  |  |  |  |  |  |  |
| Grooming                                    |                    |  |  |  |  |  |  |  |
| Taking Medication                           |                    |  |  |  |  |  |  |  |
| Special Food Prep, Laundry, or Housekeeping |                    |  |  |  |  |  |  |  |

Indicate one of the following letters as needed for CLS services as defined within the PCP  
Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistance (M), Dependent (D)

|  | In PCP<br>(Yes/No) |  |  |  |  |  |  |  |
|--|--------------------|--|--|--|--|--|--|--|
| Meal Preparation   |                    |  |  |  |  |  |  |  |
| Shopping for Food and other necessities of daily living  |                    |  |  |  |  |  |  |  |
| Money Management   |                    |  |  |  |  |  |  |  |
| Non-medical care (not requiring nurse or physical intervention)  |                    |  |  |  |  |  |  |  |
| Socialization and relationship building  |                    |  |  |  |  |  |  |  |
| Transportation (to/from community activities excluding medical appointments)   |                    |  |  |  |  |  |  |  |
| Participation in regular community activities and recreation opportunities (e.g. attending classes, movies, concerts and events in a park; volunteering; voting) |                    |  |  |  |  |  |  |  |
| Attendance at medical appointments   |                    |  |  |  |  |  |  |  |
| Acquiring or procuring goods, other than those listed under shopping, and non medical services   |                    |  |  |  |  |  |  |  |

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

**Staff Signature and job title:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

**Staff Signature and job title:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

**Staff Signature and job title:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

**Staff Signature and job title:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

|   |                       |
|---|-----------------------|
| <b>Staff Signature and job title:</b><br>_____  | <b>Date:</b><br>_____ |
| <b>Narrative Section:</b> <i>Did you have any problems implementing the plan? Was there any concerns or problems noted?</i> |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
| <b>Staff Signature and job title:</b><br>_____  | <b>Date:</b><br>_____ |
| <b>Narrative Section:</b> <i>Did you have any problems implementing the plan? Was there any concerns or problems noted?</i> |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
|   |                       |
| <b>Staff Signature and job title:</b><br>_____  | <b>Date:</b><br>_____ |

In Process

**PROVIDER NAME:** \_\_\_\_\_  
**RESPIRE Weekly Documentation Log**

|   |            |               |                |                 |                  |                                     |            |
|---|------------|---------------|----------------|-----------------|------------------|-------------------------------------|------------|
| Respite Note:                                   |            | Employee Name |                |                 |                  | Date:                               |            |
| Consumer Name                                   |            |               |                |                 |                  | Consumer No.                        |            |
| <b>Unit Code-<br/>CIRCLE ONE</b>                | <b>Day</b> | <b>Date</b>   | <b>Time in</b> | <b>Time out</b> | <b>Total Hrs</b> | <b>Consumer/Guardian Sign Daily</b> |            |
| T1005-15 min or<br>H0045-overnight<br>(24 hour) | SU         |               |                |                 |                  |                                     |            |
| T1005-15 min or<br>H0045-overnight<br>(24 hour) | MO         |               |                |                 |                  |                                     |            |
| T1005-15 min or<br>H0045-overnight<br>(24 hour) | TU         |               |                |                 |                  |                                     |            |
| T1005-15 min or<br>H0045-overnight<br>(24 hour) | WE         |               |                |                 |                  |                                     |            |
| T1005-15 min or<br>H0045-overnight<br>(24 hour) | TH         |               |                |                 |                  |                                     |            |
| T1005-15 min or<br>H0045-overnight<br>(24 hour) | FR         |               |                |                 |                  |                                     |            |
| T1005-15 min or<br>H0045-overnight<br>(24 hour) | SA         |               |                |                 |                  |                                     |            |
| <b>Tasks/Activities</b>                         | <b>SUN</b> | <b>MON</b>    | <b>TUE</b>     | <b>WED</b>      | <b>THUR</b>      | <b>FRI</b>                          | <b>SAT</b> |
| Companionship                                   |            |               |                |                 |                  |                                     |            |
| Prepare Meal                                    |            |               |                |                 |                  |                                     |            |
| House Work                                      |            |               |                |                 |                  |                                     |            |
| Travel  |            |               |                |                 |                  |                                     |            |
| Outside Play                                    |            |               |                |                 |                  |                                     |            |
| Reading   |            |               |                |                 |                  |                                     |            |
| Shopping  |            |               |                |                 |                  |                                     |            |
| Other (Describe)                                |            |               |                |                 |                  |                                     |            |
| <b>Additional Notes/Comment</b>                 |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |
|   |            |               |                |                 |                  |                                     |            |

**Attachment D**

FORM: AUT-A

**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](mailto: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:<br><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**

The PROVIDER understands this Agreement requires adherence to SCCMHA training requirements as defined by SCCMHA policy as listed within the Payor's Provider Manual and most current version as published at <https://www.sccmha.org/about/business-partnerships/>. The PROVIDER is responsible to understand these training requirements and ensure training compliance of such by all applicable staff providing PAYOR purchased services. The PROVIDER agrees to provide qualified staff with ongoing training and supervision in compliance with relevant legal requirements according to generally accepted medical, mental health, and substance abuse practices, if such staff is required for provision of the service(s) outlined in this Agreement. For trainings not provided by the PAYOR, the PROVIDER shall submit proof documents of required trainings as completed in a timely manner to the PAYOR's Continuing Education Unit.

In Process

## Attachment F – Autism PROVIDER Staff Credentials Verification

### SCCMHA Network Application for Credentialing for Clinical Staff

As a Clinician/Staff within the Saginaw County Community Mental Health Authority (SCCMHA) Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network to perform and use special codes for billing services. Enclosed is an application for credentialing, along with related attachments required. Please complete the below sections according to your position/title requirements. The following qualifications must be demonstrated in your application materials for us to accept your application:

- License (if applicable): A current unrestricted, unconditional license to practice mental health and/or substance use disorder services in the State of Michigan.
- Certification (if applicable): Current certifications to provide specialized services as required by the State of Michigan.
- Board Certification (applies to physicians).
- Sanction Checks (OIG, SAM, Michigan Sanction Report). If using an agency these three must minimally be a part of the monthly check.
- Copy of Recipient Rights Check for each county the staff may have worked previously, as well as Saginaw.
- National Practitioner Data Bank (NPDB) Check
- Criminal background check prior to hire and every 2 years during employment with the provider.
- Michigan Public Sex Offender Registry [Home - Michigan Sex Offender Registry \(mspsor.com\)](http://mspsor.com)
- National Sex Offender Registry [United States Department of Justice National Sex Offender Public Website \(nsopw.gov\)](http://nsopw.gov)
- For staff working with children, a Department of Health and Human Services (DHHS) Central Registry check must be completed.
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.
- Every 2 years clinician/staff are required to complete the re-credentialing process.

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval. For your convenience, a checklist has been included on page 9 to ensure you attach all required documents for the application to be accepted.

[If requesting Sentri access, please submit the Sentri request and full credentialing application at: External Provider Sentri Add/Remove Staff \(teamdynamix.com\)](#)

**\*Failure to complete all required sections will result in the application being denied and returned for completion and will delay the ability to bill for services rendered using SCCMHA funding sources. Please submit proof documentation for each license/credential type.**

If you have any questions related to the criteria identified above or questions about completing the

application and/or attachments, please feel free to contact **Cassandra Ward at 989-272-7017 or [credentialing@sccmha.org](mailto:credentialing@sccmha.org)**.

| Section A: Staff Information-New Credentialing (attach copies)  |   |
|---|---|
| Name (Last, First, Middle):   | Today's Date:                               |
| Other Names Used:   | Email:                                      |
| Position Title:   | Date of Hire:                               |
| Organization Name:  | Date of Birth:                              |
| Home Address:   | State: Zip:                                 |
| City:   | License Type:                               |
| Fax:  | License #:                                  |
| Phone:  | Date of CPR and First Aid (if applicable):  |
| Gender: Choose an item. If Other:   | Ethnicity: Choose an item. If Other:        |
| Gender Identity:  | Provide Direct Services: Yes No             |
| National Provider Identifier (NPI):   | Taxonomy Code:                              |
| Initial Background Check date:  | Board Certified: Yes No                     |
| Sanction Checks Date of completion? (OIG, SAM, MI Sanction Report):   | NPDB Check date:                            |
| Supervise Staff: Yes No   |   |
| Please specify all fluent communicable languages, including sign language: Choose an item. If Other:  |   |
| Please indicate the person that will provide supervision for credentialing or Licensure (this is not administrative supervision but Clinical Supervision): <b>Clinical Supervisor Name:</b> |   |
| <b>Licensure or Credential of Clinical Supervisor</b> (please attached licensure of this person):   |   |
| <b>Start Date of Supervision:</b>   | <b>Phone Number of Clinical Supervisor:</b> |

| Section B: Valid Certifications/Licenses (attach current copies) Please see acronym definitions on pg. 4.  |   |
|--|---|
| <b>License/Certification:</b>  | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RPH <input type="checkbox"/> LP <input type="checkbox"/> LPC <input type="checkbox"/> LMSW |
| <input type="checkbox"/> RPT <input type="checkbox"/> OTR <input type="checkbox"/> CCC-SLP <input type="checkbox"/> NP <input type="checkbox"/> LBSW <input type="checkbox"/> SATS <input type="checkbox"/> SATP <input type="checkbox"/> CPS-M <input type="checkbox"/> CPC-M |   |
| <input type="checkbox"/> CPSS <input type="checkbox"/> CPC-R <input type="checkbox"/> CHES <input type="checkbox"/> DP-P <input type="checkbox"/> DP-C <input type="checkbox"/> CADC-M <input type="checkbox"/> CAADC <input type="checkbox"/> CCJP                            |   |
| <input type="checkbox"/> DP-S <input type="checkbox"/> CCDP-D <input type="checkbox"/> CCDP <input type="checkbox"/> CCS <input type="checkbox"/> CCS-M <input type="checkbox"/> OTRL <input type="checkbox"/> QMHP <input type="checkbox"/> Other                             |   |
| <input type="checkbox"/> RN <input type="checkbox"/> LMFT <input type="checkbox"/> PTL <input type="checkbox"/> LLBSW <input type="checkbox"/> LLPC  |   |
| <input type="checkbox"/> PA <input type="checkbox"/> SLP <input type="checkbox"/> LLMFT <input type="checkbox"/> PTA <input type="checkbox"/> RD <input type="checkbox"/> LLMSW  |   |
| <input type="checkbox"/> PSS <input type="checkbox"/> QIDP <input type="checkbox"/> TLLP <input type="checkbox"/> CHW <input type="checkbox"/> CMHP <input type="checkbox"/> QBHP  |   |
| <input type="checkbox"/> LLP <input type="checkbox"/> CPP  |   |
| Indicate all past and current licenses and certifications. Physicians – include Board Certifications   |   |
| Certification/License Type   | State/Province Number Expiration Date   |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

### Section C: Please answer all questions in this section

|  |
|--|
| 1. Have you ever been dismissed from a hospital or behavioral healthcare organization?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 2. Have you ever had a hospital initiate suspension, restriction, dismissal or been refused or denied privileges?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. Have you ever voluntarily surrendered any privileges?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 4. Have you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation of privileges?<br><input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 5. Have any of your licenses or certifications been suspended, revoked, placed on probation or conditional status, restricted, or voluntarily surrendered?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. Is any action currently pending to suspend, revoke, or restrict any of your licenses or certifications?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |
| 7. Have you been subject to any disciplinary proceedings by any local, state, or national professional organization?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |
| 8. Have any malpractice claims ever been filed against you, or to the best of your knowledge, are there any claims currently pending in regard to the practice of mental health or substance use treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have any malpractice allegations involving your work been settled by you or your carrier prior to the filing of a claim?<br><input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 10. Have you ever been denied professional liability insurance, had your insurance cancelled, or your renewal denied?<br><input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 11. Have you ever been a defendant in any lawsuit in regard to the practice of health or substance use treatment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 12. Do you have any felony convictions?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |

|   |          |
|---|----------|
| 13. If yes to felony question #12 when? and for what?<br>Click or tap here to enter text.   |          |
| 14. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement.<br><input type="checkbox"/> N/A <input type="checkbox"/>  | Attached |
| 15. Have you previously had any affiliation either by contract or employment with another<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Community Mental Health in Michigan?<br>If so, list the CMH's here: Click or tap here to enter text. |          |

| Section D: Statement of Ability to Perform  |                          |
|---|--------------------------|
| 1. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
| 2. Are you currently engaged in the illegal use of controlled substances?<br>Yes <input type="checkbox"/> No  | <input type="checkbox"/> |
| 3. Are you licensed to provide services to children and adolescents?<br>Yes <input type="checkbox"/> No   | <input type="checkbox"/> |
| 4. Are you licensed to provide services to adults?<br>Yes <input type="checkbox"/> No   | <input type="checkbox"/> |

**Please check the box for all services you wish to provide (Case Management, Therapy, Psychiatry, etc.):**

- ☐ OT ☐ PT ☐ SLP ☐ Dietary ☐ Nursing ☐ Prescriber ☐ Therapy ☐ Peer Supports  
☐ Case Management/Supports Coordinator I/DD ☐ Case Management/Supports Coordinator MI  
☐ Other:

## 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.

\_\_\_\_\_  
Signature, PROVIDER Authorized Representative

Brian Bucher

\_\_\_\_\_  
Print, PROVIDER Authorized Representative

\_\_\_\_\_  
Date

## 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.

In Process