# SCOPE OF WORK

## Vendor shall be responsible for performing the following audits and projects, which are 50% Federal and 50% State/General funded. Vendor shall be responsible for adjusting approaches as may be necessary during the contract term, at Vendor’s expense, if state or federal law or regulation to require:

## Vendor shall

### Meet virtually with DHCFP at a minimum of twice a month during the cost reporting process for status of progress updates, with availability for more frequent update meetings if needed.

### Meeting dates shall be determined and agreed upon by DHCFP and Vendor.

### Meeting dates shall initially be determined by mutual agreement between DHCFP and Vendor.

### Once established, these dates may be adjusted only with the mutual consent of both parties.

### To ensure timely progress, either party may request a revision to the agreed meeting dates, which shall not be unreasonably withheld or delayed by the other party.

### In the absence of agreement on a proposed date adjustment within five business days of such request, the matter shall be escalated to senior management of DHCFP and Vendor for resolution.

### Provide DHCFP with the calculation of the cost reporting data to determine provider encounter rates within 90 days of final submission.

### Adhere to regulations in 2 Code of Federal Regulations (CFR) Part 200 as implemented for HHS at 45 CFR Part 75.

### Refer and adhere to DHCFP State Plan 4.19-B Rehabilitative Services: Certified Community Behavioral Health Centers (CCBHC) to conduct services for cost reporting.

### Refer and adhere to DHCFP State Plan 4.19-B Intensive Crisis Stabilization Services (ICSS) Reimbursement Attachment to conduct services for cost reporting.

### Ensure that the costs reported on the provider cost report adhere to Medicare's reimbursement principles. Verification shall be required to justify costs for each CCBHC and ICSS. Vendor shall provide a response to DHCFP outlining how this verification shall be conducted, what supporting documentation and information will be used in the verification/justification process, and how issues may be resolved.

### Vendor shall propose a methodology to verify the indirect cost allocation with provider submitted documentation and corresponding state and federal regulations. Indirect costs are included in the cost report and daily rate.

### Reconcile monthly visits, both Medicaid and non-Medicaid, with supporting documentation and ensure Medicaid visits align with claims data.

## Provider Training and Support:

### Provide support for current and future CCBHCs and ICSSs.

### Provide a reoccurring biennial online seminar for additional training and information on how to complete the cost report to CCBHC and ICSS staff.

### DHCFP will determine with the Vendor the date and time of this virtual training.

### Training shall include one-on-one assistance determined by DHCFP, where needed.

### This shall also include assistance with written communication to the CCBHCs and ICSSs, notifying them of the cost reporting process.

### Vendor and providers shall establish a written timeline to be agreed by DHCFP and Vendor for each provider cost report analysis.

## Cost Reports Development:

### Payments shall be paid upon acceptance and completion of reports (estimated within 90 days) (one per provider both CCBHC and ICSS) as agreed in writing by DHCFP and Vendor.

### Reports are based on Centers for Medicare Medicaid Services (CMS) template. (attach the template to the RFP).

### Cost Schedule Bids

#### The cost proposal submitted by Vendor shall be structured on a per provider cost report analysis basis, which DHCFP estimates up to 20 providers for both CCBHC and ICSS combined.

## Invoicing

### Vendor shall be required to maintain a clear and concise billing format to facilitate review and approval by DHCFP.

### Each provider cost report analysis invoice shall include the following information:

#### DHCFP CETS contract number

#### Billing per provider cost review/encounter rate setting completion.

#### Provider name

#### Cost Report Time Period

#### Invoices shall be submitted to and approved by DHCFP. If invoices are submitted incomplete, they shall be returned to Vendor to correct. Invoices shall be submitted to behavioralhealth@dhcfp.nv.gov and dhcfp.apinvoices@dhcfp.nv.gov.