



MCCMH PROVIDER MEETING AGENDA

Meeting Name:	Bidder's Meeting – RFP BHT/ABA (Autism Therapy) Services
Location, Date and Time:	Michigan Intermediate School District – Room 104 – 9:00 AM 44001 Garfield Road Clinton Township, MI 40838
Meeting Facilitator(s):	Cristina Mosella, Director of Business Management Laura Manza, Contract Manager and Self-Determination Administrator Janet Marra, Autism Administrator

Item	Topic	
1	Introductions	Sign-In sheet to be circulated; please do not forget to provide information requested on sign-in before end of meeting.
2	Submission Deadline	12:00 PM (Noon), Thursday, September 20, 2018. No Exceptions to deadline. Submit : 1 Original 8 Copies To: Macomb County Community Mental Health Business Management Division 22550 Hall Road Clinton Twp., MI 48036
3	FOIA Requests	Do not include proprietary or personal information in bid materials – subject to FOIA requests
4	Rates for Services	BHT and ABA rates are set by MCCMH. Rates were submitted as part of the proposal documents.

5	Communication	<p>A list of bidders' questions and answers will be drafted and posted on the MCCMH website alongside the autism RFP documents following the meeting. (www.mccmh.net; "Provider Links," then "New/Pending RFPs.")</p> <p>Questions following the meeting may be submitted to business.management@mccmh.net .</p> <p>Cannot answer questions after the bidder's meeting if the answer to any question would provide an unfair bidding advantage to the entity posing the question. If an item or question is submitted after the mandated provider meeting is of sufficient interest to all bidders CMH will communicate by updating and reposting the "Bidder's Q & A" on MCCMH website.</p>
6	Questions and Answers	<p>1. The letter we received states that MCCMH needs an original unbound and 8 copies of the proposal. Does this mean a total of 9?</p> <p><i>Yes. One unbound (usually the original) and 8 bound.</i></p> <p>2. Can proposals be submitted early?</p> <p><i>Yes. Proposals can be submitted in person from 8:30 AM – 5:00 PM, Monday through Friday until the due date, 12:00 PM (noon) on Thursday, September 20, 2018.</i></p> <p>2. My agency is contracted with other CMHSPs. Am I required to include recipient rights substantiations from all contracts? How far should it go back? Should substantiations be submitted as to only the staff that will be providing the ABA or BHT services?</p> <ul style="list-style-type: none"> - <i>Please include the number and scope of compliance issues and/or recipient rights substantiations resulting from contracts with MCCMH and with all other PIHPs/CMH Boards/CMH Authorities) with which your agency or your agency's parent organization is associated.</i> - <i>Please include instances that occurred within a reasonable time frame; for examples, at a minimum, include all instances that occurred during the last two fiscal years.</i> - <i>Right substantiations and/or contract non-compliance concerns should be submitted as to all staff employed, not just staff that will be providing the services outlined in the Scope of Work section of the RFP. MCCMH will be looking at how bidder responds to noncompliance with contractual requirements as well as the number and scope of issues disclosed.</i>

		<p>3. Can you explain the Offshore Billing Attestation requirement?</p> <p><i>Under HIPAA, covered entities must maintain administrative safeguards to protect Protected Health Information. Due to concerns surrounding the enforceability of HIPAA in overseas jurisdictions, federal managed care rules prevent provider of services to perform any aspect of the MCCMH Specialty Services Contract outside of the United States related to electronic claims, billing, electronic remittance, etc. or any other function that involves access to Protected Health Information. Once a contract is approved by the MCCMH the provider will be required to sign an attestation that it understands and will abide by the requirement.</i></p> <p>4. How many providers is MCCMH looking to contract with for BHT and ABA provision?</p> <p><i>MCCMH is looking to expand its ABA provider panel based on need. In addition to a bidder's proposal meeting the requirements of the RFP, factors impacting an offer of a contract may include the bidders' ability to perform the work immediately (preference toward providers currently providing ABA) and the number of immediate referrals that can be accepted by the bidder.</i></p> <p>5. What are the expectations for data collection, documentation and claims submission?</p> <p><i>ABA providers will be expected to have access to the MCCMH Electronic Medical Record system, FOCUS, for purposes of uploading documents and for claims submission.</i></p> <p>6. Can ABA/BHT services be delivered in a licensed setting?</p> <p><i>Providers may not provide ABA/BHT services in a licensed residential facility, nursing home or a Child Caring Institution.</i></p> <p>7. Are there different safeguard requirements for in-home or in-clinic settings?</p> <p><i>Whether services are provided in-home or in-clinic, environmental safeguards should be developed for addressing individual risks and to minimize dangers. The proposal should provide information on design features that will limit risk to children and adults present who may be</i></p>
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anxious, have limited ability to communicate, may become aggressive, be flight risks, have difficulty functioning in or near groups of people, or have heightened sensitivity to noise, light, texture, and/or sudden changes.

8. Can ABA/BHT be delivered to school age children during school hours?

No, ABA/BHT services may not be provided during school hours unless the person's Individualized Education Plan (IEP) indicates the exception. Therefore preferred service hours are after school and weekends.

8. How is the level of care/eligibility for ABA services determined?

Eligibility is pre-authorized by the State of Michigan based on an evaluation conducted by a qualified licensed practitioner finding that BHT services are recommended and are medically necessary for the child. Once approved, the state grants the person a Waiver Support Application (WSA) number, and services can be requested to begin. The authorized services may not extend past 365 days. Services may be re-authorized based on annual re-evaluation by a qualified licensed practitioner to assess eligibility.

9. Is it required to have a Chief Clinical or Medical Director?

No, but it is required to have at least one BCBA.

10. Can a provider have a contract for both ABA and diagnostic services?

MCCMH prefers that providers only contract for either ABA or diagnostic services. A provider that is contracted for Autism Case Management may not provide both Case Management and ABA services.

11. What are the service codes and rates associated with this contract?

The codes and rates are included with the autism RFP documents posted on the MCCMH website (see how to access, above) and is Section D of the MCCMH Specialty Services Contract. These codes and rates will be effective until the end of this contract cycle. Changes to codes may occur in the event of nationally implemented revisions. As to rates, providers are free to talk to MCCMH Business Management to discuss rate changes. Rates, however, are universal, and must be approved by the MCCMH Board. Increasing rates for 10-15 providers is no something that MCCMH Board will most likely not be able to support for the next several years.

12. Are the recent changes to the Michigan Medicaid Provider Manual impacting delivery of ABA services?

No; the recent Medicaid Provider Manual changes do not impact current requirements for clinical service delivery.

13. Does the ABA provider have to ensure benefits verification and third party insurance?

While the case managers do their best to ascertain Medicaid eligibility and third party insurance information, such measures are never a 100% guarantee. If there is an issue, it is the service provider that will not be paid, not the case manager. Therefore it is recommended that each ABA provider has policies and procedures in place to take measures to verify benefits as well.

The bidder must have policies and procedures in place to ensure that when a person has dual insurance, Medicaid remains the payer of last resort. Please include these processes with your bid submission and include what private insurances your agency takes.

14. What qualifications are required for ABA staff?

Please refer to the Autism Request for Proposal on page 10 for staffing qualifications and supervision requirements.

15. Can the provider use video recording?

The use of video recording must be in line with the Michigan Mental Health Code (330.1724).

See MCCMH Office of Recipient Rights publication, "Rights Matters," Volume 3, Issue 8, August 2018 (attached).



RIGHTS MATTERS

Volume 3, Issue 8, August 2018

Macomb County Community Mental Health Office of Recipient Rights

Video Recording

Rights Complaints must be filed when:

- A consumer makes an allegation of a rights violation; or
- An apparent rights violation occurs; or
- A rights violation is suspected

Rights complaints must be reported **immediately** to ORR

- Via rights complaint form; or
- Call (586) 469-6528

An incident report form is **not** to be used as a rights complaint form.

Over the last few months there has been an increase in the utilization of video recording of consumers in various settings in a manner inconsistent with law. The Mental Health Code has some very clear provisions regarding the use of video recording. The relevant portions of Mental Health Code 330.1724 states:

(1) A recipient of mental health services shall not be fingerprinted, photographed, audio recorded, or viewed through a 1-way glass except in the circumstances and under the conditions set forth in this section. As used in this section, photographs include still pictures, motion pictures, and recordings.

(2) Fingerprints, photographs, or audio recordings may be taken and used and 1-way glass may be used in order to provide services, including research, to a recipient or in order to determine the name of the recipient only when prior written consent

is obtained from 1 of the following:

(a) The recipient if 18 years of age or over and competent to consent.

(b) The guardian of the recipient if the guardian is legally empowered to execute such a consent.

(c) The parent with legal and physical custody of the recipient if the recipient is less than 18 years of age.

(3) Fingerprints, photographs, or audio recordings taken in order to provide services to a recipient, and any copies of them, shall be kept as part of the record of the recipient.

(4) Fingerprints, photographs, or audio recordings taken in order to determine the name of a recipient shall be kept as part of the record of the recipient, except that when necessary the fingerprints, photographs, or audio recordings may be delivered to others for assistance in determining the name of the recipient. Fingerprints, photographs, or audio recordings so delivered shall be returned together

with copies that were made. An individual receiving fingerprints, photographs, or audio recordings shall be informed of the requirement that return be made. Upon return, the fingerprints, photographs, or audio recordings, together with copies, shall be kept as part of the record of the recipient.

(5) Fingerprints, photographs, or audio recordings in the record of a recipient, and any copies of them, shall be given to the recipient or destroyed when they are no longer essential in order to achieve 1 of the objectives set forth in subsection (2), or upon discharge of the resident, whichever occurs first.

(7) Photographs or audio recordings may be taken and 1-way glass may be used for educational or training purposes only when express written consent is obtained from 1 of the following:

(a) The recipient if 18 years of age or over and competent to consent.

(Continued on next page)

**MCCMH-ORR now offers
rights training for
consumers!**

Please call to schedule an onsite training for your MCCMH consumers.

You may contact us at:

MCCMH Office of Recipient Rights
22550 Hall Road
Clinton Township, MI 48036

Phone: (586) 469-6528
Fax: (586) 466-4131

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We're on the Web!

www.mccmh.net

Click on the "Rights & Advocacy" tab

Training schedules also available online!
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MCCMH Mission

Macomb County Community Mental Health, guided by the values, strengths and informed choices of the people we serve, provides quality services which promote recovery, community participation, self-sufficiency, and independence.

Video Recording

(b) The guardian of the recipient if the guardian is legally empowered to execute such a consent.

c) The parent with legal and physical custody of the recipient if the recipient is less than 18 years of age.

This section of the Mental Health Code was amended in 2013 to allow for video recording of the common areas only in a psychiatric hospital for the purposes of safety, security, and quality improvement. The Legislature specifically limited the use of video recording to a licensed psychiatric hospital, despite being lobbied by providers of services in other types of mental health settings. As a result, video recording for the purposes of safety, security

and quality improvement or in common areas is not permitted in our community based settings. This type of video recording in common areas of community based settings would not be necessary to provide services to a consumer.

The area in which there seems to be the most confusion is in the area of video recording for the purposes of educational or training purposes. A provider may video record a session (after proper consents have been signed) for educational or training purposes. This permits the recording of specific sessions, but does not provide the basis for recording every session for all consumers and then selecting only a few of the recordings to be

used for educational and training purposes. The recording of every session and not using each of those recordings for educational and training purposes is not consistent with the Mental Health Code.

The ability to record every session is addressed in (2) in order to provide services. Each video recording must be individualized to each consumer. Additionally, each of those recordings must be kept as part of the consumer's record. Again, common area or group video recording is prohibited.

Let's be sure that the use of video recording is being done and maintained in a manner that is consistent with the Mental Health Code.