



FY18 SCOPE OF WORK TEMPLATE

To be completed by staff for any amount over \$1,000.00. If necessary, additional information may be requested regarding the vendor prior to proceeding with the contract process.

Name of Program/Services. 30 Day Assessment Unit

Description of Services.

New Hope Carolinas will provide a 30-Day Assessment Unit service through its Psychiatric Residential Treatment Facility (PRTF) for Alliance Behavioral Healthcare (Alliance)-referred male and female consumers. The Assessment Unit is located in Rock Hill, South Carolina and has a co-ed capacity of 14 children, ages 12 -18. Children served in this program are in need of comprehensive diagnostic assessment and treatment planning, and meet criteria for admission to a PRTF. The Assessment Unit is an intensely supervised treatment milieu providing stabilization, diagnostic evaluation, psychiatric treatment, 24-hour nursing, and post-discharge/aftercare treatment planning. Assessment Unit services will be integrated into the general PRTF milieu. The PRTF environment is designed for children whose mental health condition is not amenable to treatment outside a highly specialized, staff-secure, therapeutic environment under daily supervision of a treatment team, including nursing, and 24-hour access to a psychiatrist; children who no longer meet criteria for inpatient acute care/hospitalization and require a less restrictive environment; and/or children who have been placed in a community residential setting and require a more intensive treatment program.

Required Elements of the Program/Service.

- The program is intended to serve up to 14 children at a time. However, immediate access to beds is not guaranteed. Provider agrees to give admission priority to referrals from Alliance over all other referrals with the exception of children currently being served in the Provider's service array and who urgently need PRTF placement.
- Provider will integrate consumers enrolled in Assessment Unit services into the general PRTF milieu with the supervision of Assessment Unit staff.
- Provider will ensure that consumers enrolled in Assessment Unit services receive daily supervision of a treatment team including at minimum, nursing and 24-hour access to a psychiatrist
- Provider will ensure that upon admission to the Assessment Unit, the consumer is assigned a one-to-one Qualified Professional (QP) for up to 10 days of the 30-day period, in order to provide a high level of supervision and to immediately address behavioral crisis.
- Provider will ensure that a multi-disciplinary diagnostic evaluation is initiated within one working day of admission. This diagnostic evaluation will include, at minimum, assessment of all primary domains including: intelligence, executive, emotional, behavioral, familial, physical, and community functioning.
- Provider will administer individual assessment measures determined by the needs of the child and the diagnostic needs precipitating the referral. Assessment to be used to measure functioning in the domains listed above may include, but are not limited to the following:



- Adaptive Behavior Assessment System (ABAS-II).
- Aggressive Sexual Behavior Inventory
- NEW HOPE Comprehensive Clinical Assessment (CCA)
- Brigance Inventory of Skills
- Brown ADHD Scales
- Child Behavioral Check List
- Children's Depression Inventory
- Gillingham Autism Screener
- iReady Diagnostic
- Milieu Observation
- Millon Pre-Adolescent Clinical Inventory (M-PACI)
- Minnesota Multiphasic Personality Inventory (MMPI)
- Neurosequential Model of Therapeutics Functional Metric
- Parental Stress Index
- Psychiatric Assessment
- Psychosexual evaluations
- Revised Children's Anxiety and Depression Scale
- The Wechsler Intelligence Scales
- UCLA Child/Adolescent PTSD Reaction Index



- Specialized assessments such as neuropsychological testing, genetic testing, sleep studies and other medical tests, may be arranged, but are not considered an element of the core evaluation and may be billed separately.
- Provider will ensure that the results of the multidisciplinary assessment are contained in a standard, comprehensive, narrative report form and/or using the NMT Functional Assessment Metric.
- Upon completion of all assessments the Discharge Planner/Case Manager, in conjunction with Alliance Behavioral Healthcare's assigned Care Coordinator, will conduct a Child and Family Treatment Team meeting to discuss findings and recommendations. During this meeting a Discharge Plan outlining recommended treatment services and resources will be developed including proposed discharge date, agreed upon treatment services/providers for referral and plan for linkage to other resources if applicable.
- Provider will ensure that consumers are discharged to the recommended treatment environment, and that services are in place prior to discharge. This includes completion of referral documentation, verifying authorization and acceptance into treatment services, as well as linkage to needed resources identified in the Discharge Plan.
- As part of the Discharge Plan, provider will complete a Discharge Summary including the date of discharge, time of discharge, and the name, address, telephone number, and relationship of the person or agency to whom the child was discharged, a summary of services provided during care, needs which remain to be met, and plans for the services needed to meet these needs.
- Within 21 calendar days of discharge, Assessment Services staff will conduct at minimum 1 documented post-discharge contact with the family/guardian, to determine how the consumer is progressing in his or her discharge setting. Documentation of this contact will include, at minimum a report of treatment engagement and/or barriers to treatment engagement.
 - If barriers to treatment are noted and/or there are needs with which the family or consumer requires assistance, that have arisen since the consumer's discharge, staff will coordinate with the family and area service providers to assist the consumer and family in meeting their treatment needs. These can include, but are not limited to assistance or linkage with treatment, educational, housing or other resources.

Staffing

- New Hope will staff its 30-Day Assessment Unit in accordance with service definition requirements for PRTF and with the addition of the following:
 - Licensed Psychologist or Licensed Psychologist Associate
 - Dedicated Qualified Professional
 - Case Manager/Discharge Coordinator

Target Population and Eligibility Criteria.

Male and female consumers, referred by Alliance Behavioral Healthcare. The Assessment Unit is located in Charlotte, North Carolina and has a co-ed capacity of six children. Children served in this program are



in need of comprehensive diagnostic assessment and treatment planning, and meet criteria for admission to a PRTF.

Discharge Criteria.

- Consumer meets discharge criteria cited in NC DMA Clinical Coverage Policy 8D-1
AND/OR
- Youth is stable and appropriate for discharge.
- All diagnostic evaluations and assessments have been completed, Child and Family Team was convened to review findings and recommendations, and the Discharge Plan has been executed.
- The appropriate discharge service has been authorized and the youth has been accepted into treatment services.
- For youth being discharged home to community-based treatment services:
 - A discharge plan with follow-up appointments and an appropriate living arrangement is in place; and the first follow-up appointment will take place within 7 calendar days of discharge.
 - Support systems (which allow the youth to be maintained in a less restrictive intensity of service) have been secured and established.
- The family request discharge and the youth is not imminently dangerous to self or others; or the youth requires inpatient hospitalization.

Required Outcomes.

- 80% of admissions will have completed all evaluation and assessments and meet all elements stated above during the 30 day time frame.
- 80% of youth are linked and discharged to the appropriate treatment services as identified in the Discharge Plan.

Reporting Requirements.

Beginning immediately, Provider shall be expected to submit all data necessary to calculate each of the above listed outcomes (and/or data tracking spreadsheet created in partnership with Alliance) to Alliance Provider Network Development and Evaluation via electronic report to: PNDPROVIDERREPORTS@ALLIANCEBHC.ORG. Provider shall include in the subject line of electronic submission the name of the Provider and the specific program for which data is being submitted. All data is due no later than the 10th of the month following the provided service (July Data: August 10th, August Data: September 10th, etc.).

Provider shall be prepared to provide additional data, reports, and data analysis, within a timely manner, upon request. Alliance shall obtain data from triage/screening, approved authorizations, claims, NC-TOPPS, survey results, provider reports and other means to verify fidelity, efficacy, quality and satisfaction with services being provided.

Alliance requires providers to develop a formal Quality Management program. Elements of that program include (1) establishing internal performance standards for the delivery of the services for which provider has contracted, (2) collecting data related to the delivery of those services, and (3) creating reports



measuring the provider's performance and adherence to required outcomes. The provider also will document its efforts to identify areas for improvement, implement Quality Improvement Projects (QIPs), and analyze the results of its quality-improvement efforts.

Upon Alliance's request, the provider will submit all documentation related to its QM program and other quality-related activities. Alliance requires providers to develop a formal Quality Management program. Elements of that program include (1) developing measures to monitor fidelity to the required elements of the program as outlined above, (2) establishing internal performance standards for the delivery of the services for which provider has contracted, (3) collecting data related to the delivery of those services and fidelity to the chosen evidence-based practice model used, and (4) creating reports measuring the provider's performance and adherence to required outcomes.

The provider also will document its efforts to identify areas for improvement, implement Quality Improvement Projects (QIPs), and analyze the results of its quality-improvement efforts.

Upon Alliance's request, the provider will submit all documentation related to its QM program and other quality-related activities.

Collaboration.

- Contact is maintained with relevant Alliance staff and departments throughout the 30-day stay, including Care Coordination and Utilization Management, especially with respect to impending discharges and post-discharge recommendations.
- Discharge Planner/Case Manager will ensure coordination with other services providers, and the consumer's family to set a date for discharge to the recommended treatment environment with services in place that can support the family and consumer once the child is discharged from Assessment services.
- Provider shall adhere to System of Care values and principles in providing a person-centered, strength-based and recovery-focused environment.

Utilization Management.

New Hope Carolinas shall follow Alliance Behavioral Healthcare's Benefit Plans which can be found at www.alliancebhc.org and submit service authorization requests through the Alpha MCS provider portal.

Finance. Provider shall submit all billing into the Alpha MCS system for reimbursement for the 30-day Assessment rendered through this Scope of Work. Provider will submit claims using revenue code 0919 and shall be reimbursed a per diem rate of \$557.87

Total Contract Amount: Medicaid only, UCR fee for service

Start Date: July 1, 2017