

CONTRACT PROVIDER NETWORK  
QUARTERLY MEETING AUGUST 2020

OVERVIEW OF FY21  
CONTRACT AND  
CONTRACT PROCESS  
CHANGES

# CONTRACTING PROCESS CHANGES

- FINANCE:
  - DCW WAGE INCREASE VALUES TO BE INCLUDED IN THE PER DIEM/PER UNIT RATES
  - CODE/RATE CHANGES: H0043 PER DIEM RATE AND AUTHORIZATION CONVERSION BACK TO H2015
- COMMUNICATION:
  - REQUIREMENT FOR VIABLE INTERNET AUDIO/VIDEO COMMUNICATIONS SPECIFIC TO EACH CONTRACTED AFC HOME
  - DIGITAL COMPLETION OF DOCUMENTATION INSTITUTED USING DOCUSIGN AND A SHAREPOINT BASED SUBMISSION POINT FOR DOCUMENTATION (WHERE PROVIDER IS EQUIPPED)
- CONTRACT LANGUAGE
  - MASTER CONTRACTS WILL READ THE SAME ACROSS THE REGION, BUT EXHIBITS TO THE CONTRACT WILL BE PERSONALIZED BY CMH.
  - LONGER CONTRACTS
  - NCCMH WILL NOT CONTRACT BY INDIVIDUAL HOME, BUT BY PROVIDER IN TOTAL
  - AGAIN, NO CAPS ON DAY PROGRAM CONTRACTS
  - MORE REFERENCES; RELATED MATERIAL WILL BE MADE AVAILABLE AT THE PROVIDER MANU AT [WWW.NORCOCMH.ORG](http://WWW.NORCOCMH.ORG)
- NEW PROVIDER NETWORK MANAGER


**NEW**



# CUSTOMIZED CONTRACT EXHIBITS

- **Exhibit A: GLOSSARY OF TERMS AND DEFINITIONS**
- **Exhibit B: TARGET SERVICE GROUP AND ELIGIBILITY CRITERIA FOR SUPPORTS/SERVICES**
- **Exhibit C: SCOPE OF INDEPENDENT CONTRACTOR SUPPORTS/SERVICES (PREVIOUS EXHIBIT A BASED ON TYPE OF SERVICE – LIC RES, DAY, PRH, PROF, CRISIS RES, ETC.)**
- **Exhibit D: SERVICE ACCESS, PREAUTHORIZATIONS, DELIVERY, AND UTILIZATION MANAGEMENT PROCEDURES**
- **Exhibit E: BILLING OF AND PAYMENTS FOR VALID SUPPORTS/SERVICES REIMBURSEMENT CLAIMS**
- **Exhibit F: PERFORMANCE INDICATORS AND OBJECTIVES; READS SAME AS BEFORE**
- **Exhibit J: MINIMUM TRAINING REQUIREMENTS; READS SAME AS BEFORE**
- **Exhibit G: RECIPIENT RIGHTS AND CONSUMER GRIEVANCE PROCEDURES; READS SAME AS BEFORE**
- **Exhibit H: HIPAA COMPLIANCE; READS GENERALLY THE SAME AS BEFORE**
- **Exhibit I: DISCLOSURE AND OWNERSHIP**
- **Exhibit J: RATE CALCULATIONS AND REIMBURSEMENT RATES; WILL INCLUDE BASIS FOR CALCULATION BASED ON BUDGETS, STAFFING, ETC.**

## ▶ V. PROOF OF PROVIDER'S BUSINESS STATUS .... REQUIREMENTS OF PROVIDER SOLVENCY .....

- **A. The Provider shall furnish the Payor with notice of proof of the Provider's authority to conduct business in the State of Michigan and in what business capacity,** prior to commencing services under this Agreement, and with notice of any related organization of the Provider per alliance, affiliation, joint venture, parent/subsidiary or other business relationship that the Provider is a party to during the term hereunder.
- **B. Pursuant to 42 CFR 455.104-106 The Provider shall furnish the Payor with notice of proof of financial solvency,** prior to commencing supports/services hereunder, **and with immediate notice of any change in financial position material to the Provider's solvency** and to its continuing in operation as a going concern, at any time during the term of this Agreement.

## VI. LICENSES, ACCREDITATIONS, AND CERTIFICATIONS .... REQUIREMENTS AND QUALIFICATIONS

- 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, Home and Community Based Services regulations (HCBS), accreditations, authorizations, and approvals required by federal, State and local laws, ordinances, rules and regulations for the Provider to operate a .... (LICENSED RESIDENTIAL/SE/DAY/PRH ) and provide Medicaid and/or non-Medicaid programs and supports/services within ... the State of Michigan.



## VIII. TERMINATION OF AGREEMENT

- C. 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.**

## ▶ XII. STAFFING AND TRAINING REQUIREMENTS

A. During the term of this Agreement, **the Provider shall maintain staffing and staff/recipient ratio at the levels used for projections in the Payor's determination of the reimbursement methodology/rate(s) for the provision of supports/services hereunder, as set forth in the aforementioned "Exhibit C". Said staffing levels shall be sufficient to implement the individual plans of services for the Consumers served under this Agreement.**

B. **The Provider shall maintain staffing consistency and programming continuity** in the provision of supports/services to the Consumer(s) hereunder.

**The Provider agrees to have at least one staff member, who is familiar with and capable of implementing emergency procedures, on-duty at all times when any Consumer is at the Facility. The Provider also agrees to have sufficient, qualified staffing on-duty to meet the requirements of the Individual Plan(s) of Services when any Consumer(s) is (are) at the Facility.**

**The Payor's CEO or the CEO's designated representative, each Consumer and his/her guardian, and the staff at the Facility shall be notified by the Provider in writing of the name, address, and phone number of the individual who is responsible for the administration of the Provider's supports/services on a twenty-four (24) hour basis seven (7) days a week and who has the authority to act on behalf of the Provider.**



## ➤ XII. STAFFING AND TRAINING REQUIREMENTS

**C. The Provider, pursuant to this Agreement, shall ensure that all supports/services are provided by staff in a manner that demonstrates cultural competency** and ensure all staff are instructed that the reporting of any sentinel events involving a Consumer is a primary responsibility of residential workers in specialized residential settings, and ensure that any sentinel events involving Consumers hereunder are reported to the Payor.

**D. The Provider shall notify the Payor's CEO or the CEO's designated representative immediately whenever:**

**(1.) the Provider's staffing and staff/recipient ratio become contrary to those used for projections in Payor's determination of the reimbursement methodology/rate(s) for supports/services, as set forth in "Exhibit C";**

**(2.) Provider's staffing of supports/services required under this Agreement has not been or cannot be provided; or,**

**(3.) the need for supports/services to a Consumer is otherwise less than or greater than Provider's staffing levels agreed upon hereunder by the parties.**

**E. The Provider, pursuant to this Agreement, shall ensure that orientation of and ongoing training of the Provider's staff and the staff of the Provider's subcontractors include offerings on crisis management, behavior management, and recipient rights, including person-centered planning. The Provider assures the Payor that, pursuant to this Agreement, all individuals employed by the Provider or the Provider's subcontractors shall receive training .....**

## ➤ XII. STAFFING AND TRAINING REQUIREMENTS

F. Pursuant to the MDHHS master contract(s) requirements of PIHP-CMHSPs and CMHSPs as set forth in "**SELF-DETERMINATION PRACTICE & FISCAL INTERMEDIARY GUIDELINE**", the Provider shall assure, upon the request of any adult Consumer participating thereby, **consumer selection in the assignment of the Provider's staff to serve the Consumer under this Agreement and also shall assure the removal/reassignment of the personnel that fail to meet the Consumer's preferences as to the services hereunder.**

The Provider's **staff shall successfully complete in-service training**, with training curriculum which has been reviewed and approved by the MDHHS, prior to working independently with or functioning as a lead worker with the Consumer(s) hereunder. The Provider's **staff, who administer medications to the Consumer(s), shall have completed satisfactorily the medications segment of said in-service training** required by the MDHHS.

**The Payor shall assure sufficient availability of all such required in-service training pursuant to "Exhibit J" ("MINIMUM TRAINING REQUIREMENTS")**, which is incorporated by reference into this Agreement and made a part hereof.

## XIII. SERVICE ACCESS, PREAUTHORIZATIONS, DELIVERY, AND UTILIZATION MANAGEMENT

- B. .... The Payor's CEO or the **CEO's designated representative may, at any time, discharge any Consumer(s)** from the Facility and Provider's supports/services and/or transfer the Consumer(s) for any reason to placement(s) in another setting(s) during the term of this Agreement. The Payor's CEO or the CEO's designated representative also may elect at any time to place another Consumer at the Facility for Provider's supports/services during the term of this Agreement as a subsequent replacement for the Payor discharge of or transfer of or the death of any Consumer hereunder.

**In the event that any vacancy occurs at the Facility during the term of this Agreement because the Payor does not elect to place another Consumer there as a subsequent replacement for Payor's discharge of, or transfer of, or the death of, any Consumer hereunder, either party hereto may seek a joint review of and executive discussions on the Provider's year-to-date and projected revenues, costs, and expenditures and on whether it may be necessary to modify, through contractual amendment to this Agreement, the Payor's reimbursement terms hereunder for actual supports/services to the other Consumers of the Payor at the Facility ....**

## XIII. SERVICE ACCESS, PREAUTHORIZATIONS, DELIVERY, AND UTILIZATION MANAGEMENT

- **C. The Provider shall not refuse to serve a Consumer referral** from the Payor prior to placement or terminate, upon THIRTY (30) days prior notice, its supports/services to any Consumer at the Facility without prior consultation with the Payor's CEO or the CEO's designated representative(s), the Consumer, and, when applicable, the Consumer's legal guardian. **The Provider shall document, in writing, to the Payor's CEO its reasons for any rejection** of the referral or termination of supports/services to any Consumer at the Facility **within FIFTEEN (15) days of such rejection or termination notice**
  
- **D. .... The Provider also shall promptly notify Payor's CEO or the CEO's designated representative(s) when it believes that the IPOS of a Consumer is in need of revision or modification** because of any of the following:
  - (1.) the Consumer has achieved an objective set forth in the IPOS;
  - (2.) the Consumer has regressed or lost previously attained skills; or,
  - (3.) the Consumer has failed to progress toward identified objectives despite consistent effort to implement the IPOS.



## XIV. BILLING OF AND PAYMENTS FOR VALID SUPPORTS/SERVICES REIMBURSEMENT CLAIMS

- **B. Revenue/Cost Projections; Subsequent Rate Determinations.**

..... The Provider, by signing this Agreement, verifies that it **provided 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.**

**The Provider shall notify the Payor's CEO or CEO's Designated Representative whenever any of Provider's supports/services revenues and/or costs deviate by more than ten per cent (10%) from the final projections used by Payor in Payor's determination of the claims reimbursement methodology/rate(s) for authorized supports/services under this Agreement. Revenue/cost projections used in Payor's determination of the claims reimbursement methodology/rate(s) for supports/services hereunder are included for reference purposes only in the attached Exhibit E. ....**

## XIV. BILLING OF AND PAYMENTS FOR VALID SUPPORTS/SERVICES REIMBURSEMENT CLAIMS

- **F. Payment in Full.** Payments from the Payor for valid claims for Payor-authorized supports and services rendered by the Provider to the Payor's Consumers 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.**





## XV. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT; PERFORMANCE INDICATORS; CONSUMER ASSESSMENTS AND OUTCOMES MANAGEMENT STUDIES.

- **A. The Provider, pursuant to this Agreement, shall maintain a fully operational Quality Assessment and Performance Improvement Program (QAPIP) which meets the QAPIP requirements and standards of the Payor.**

# XV. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT; PERFORMANCE INDICATORS; CONSUMER ASSESSMENTS AND OUTCOMES MANAGEMENT STUDIES.

C. The Provider agrees, pursuant to this Agreement, to cooperate fully in the Payor's implementation of:

- (1.) performance improvement projects;
- (2.) quantitative and qualitative member assessments periodically, including consumer surveys, focus groups and other consumer feedback methodologies;
- (3.) regular measurement, monitoring, and evaluation mechanisms as to services, utilization, quality, and performance;
- (4.) systems for periodic and/or random compliance review or audit; and,
- (5.) studies to regularly review outcomes for service recipients as a result of programs, treatment, and community services rendered to individuals in community settings.

## ▶ XVI. REPORTING REQUIREMENTS; ACCOUNTING PROCEDURES AND INTERNAL FINANCIAL CONTROLS.

- C. The Provider shall **maintain payroll records and other time keeping records sufficient to document the provision of supports/services** required under this Agreement.
- D. **The Provider shall maintain separate accounts and source records for all expenditures from each Consumer's personal allowance funds**, including date of expenditure, purpose, and receipt. Personal allowance funds include income from work and the personal allowance portion included in any funds provided by federal funding programs, Social Security or by the family or guardian on behalf of a Consumer. These funds shall be administered by the Provider and used for allowed expenditures only as prescribed within the Individual Plan of Services of a Consumer and in accordance with the requirements and standards of the Payor, PIHP, the MDHHS and its Rules, and of federal and State statutes.

## **XVI. REPORTING REQUIREMENTS; ACCOUNTING PROCEDURES AND INTERNAL FINANCIAL CONTROLS.**

- **E. The Provider shall maintain a list of all furnishings/equipment purchased or leased with funds from the Payor for housing of and supports/services to Consumers served under this Agreement. The Provider shall maintain an updated inventory of all Facility furnishings and equipment with an initial cost or current value of \$500 or more if they were purchased in whole or in part with funds provided by the Payor. All Facility furnishings and equipment, which were purchased in whole or in part with funds provided by the Payor, shall remain the property of the Payor, and its disposition shall remain the sole discretion of the Payor. Revenues from the sale, trade, or transfer of any equipment items, which were purchased by the Provider with funds provided by the Payor, shall be retained only by the Payor; such revenues shall be applied against the Payor's costs per the requirements of the MDHHS.**

## ▶ **XVI. REPORTING REQUIREMENTS; ACCOUNTING PROCEDURES AND INTERNAL FINANCIAL CONTROLS.**

- **F. For any fiscal year involving the contractual period covered under this Agreement, the Provider shall have a certified public auditing firm perform an annual independent audit of it, in substantial conformance with the American Institute of Certified Public Accountants Guide, to assess:**
  - (1.) compliance with the appropriate standard accounting practices and procedures required of the Provider;**
  - (2.) the Provider's operating results for the annual period, its financial position at the end of said period, and, thereto, its status as to solvency and to continuing in operation as a going concern;**
  - (3.) compliance with the terms of this Agreement, as to the accuracy of the revenues, expenditures, allocated costs, financial position, and solvency/going concern status claimed by the Provider and reported to the Payor hereunder .....**



## XVII. PROGRAM AND FINANCIAL BOOKS, DOCUMENTS, AND RECORDS; AUDITS; REVIEWS; AND, PROGRAM/SERVICE EVALUATIONS.

- **A. Clinical and financial records and supporting documentation of the Provider must be retained and be available for audit, review or evaluation purposes for a minimum of TEN (10) years after the termination of this Agreement** and in accordance with the Michigan Department of Attorney General State Operations Division General Schedule #20 Community Mental Health Programs Dated March 2, 2007.
- **B. If the Secretary of the U.S. Department of Health and Human Services, the Controller General of the United States or their duly authorized representatives (hereinafter referred to as the "Requesting Parties") request access to books, documents, and records of the Payor or Provider at any time within TEN (10) years of the termination of this Agreement**, in accordance with Section 952 of the Omnibus Reconciliation Act of 1980 [42 USC 1395x(v)(1)(I)] and ..... and any other organization ..... which performs services on behalf of the Provider or the Payor will contain a clause requiring the Related Organization to similarly make its books, documents, and records available to the Requesting Parties...



▶ **XVII. PROGRAM AND FINANCIAL BOOKS,  
DOCUMENTS, AND RECORDS; AUDITS;  
REVIEWS; AND, PROGRAM/SERVICE  
EVALUATIONS.**

- D. The Provider will ensure compliance with federal requirements regarding the use of **electronic visit verification (EVV)**, when applicable.

## XVIII. APPLICABLE LAW AND VENUE

- C. Applies to .....
  - **Mental Health Code, the MDHHS Rules, Medicaid and Medicare regulations, the MDHHS/CMHSP Master Contract for General Funds, MDHHS/PIHP Master Contract for Medicaid funds, and in policies, procedures, standards and guidelines established by the Payor** therefor.
  - **Balanced Budget Act of 1997 (BBA)**
  - Abide by and **post a copy of the Whistleblower's Protection Act** (Act 469 of the Public Acts of 1980)
  - **Anti-Lobbying Act**, Title 31 USC, Section 1352 (added under Section 319 of Public Law 101-121), as revised by the **Lobbying Disclosure Act of 1995** (P.L 104-65), USC 1601 et seq., the Part 93 of 45 CFR, and the Section 503 of the Department of Labor, Health, and Human Services, and **Education and Related Agencies Appropriation Act (Public Law 104-208)**.
  - **Hatch Political Activity Act, 5 USC 1501-1508**, and **Intergovernmental Personnel Act of 1970**, as amended by Title VI of the **Civil Service Reform Act**, Public Law 95-454, 42 USC 4728.

## XVIII. APPLICABLE LAW AND VENUE

- **Clean Air Act** (42 U.S.C. 7401 et seq) and the **Federal Water Pollution Control Act**, as amended (33 U.S.C. 1251 et seq).
- **Public Law 103-227**, also known as the **Pro-Children Act of 1994**, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of eighteen (18),.

..... Public Law 103-227, shall ensure that **any service or activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment.** If activities or services are delivered in residential facilities or in facilities or areas that are not under the control of the Provider (e.g., a mall, residential facilities or private residence, restaurant or private work site), the activities or services shall be smoke free.

## XXII. RELATIONSHIP OF THE PARTIES

- D. The Provider shall be responsible for providing workers' compensation coverage and unemployment insurance coverage for its employees, as required by law.
- E. The Provider shall be responsible for complying with the terms and conditions of the **Patient Protection and Accountable Care Act** P.L. 111-148 (ACA) and all applicable federal, rules and regulations pertaining to same.

## XXV. LIABILITY INSURANCE

- B. The Provider shall **submit certification of its insurance coverage to the Payor** prior to the execution of this Agreement. The certificates of insurance for the Provider shall contain a provision stating that coverages afforded under the policies will not be changed or canceled until at least thirty (30) days prior written notice has been given to the Payor. The Provider shall provide the Payor with written notification at least thirty (30) days prior to any reduction or termination of the insurance coverage required herein.



## XXVI. MISCELLANEOUS PROVISIONS

- **C. Information Requirements.** Payor and Provider shall comply with MDHHS and/or PIHP 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 individuals, Medicaid eligibles, 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 Payor's approval or disapproval prior to any distribution.**
- **D. 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.**
- **I. Facility Conditions.** **The Provider shall notify the Payor immediately, in writing, of any determination that the Facility which houses/serves Consumers under this Agreement:**
  - (1) Is not in compliance with applicable housing, building construction, and zoning codes;
  - (2) Is in need of repairs in order to be consistent with applicable housing, building construction and zoning codes; or,
  - (3) Is otherwise unsuitable.



## XXVI. MISCELLANEOUS PROVISIONS

- **J. Fire Safety System.** The Provider shall ensure that the fire safety system, which includes a primary and back-up smoke detection system, at an AFC Facility is operational and meets the licensing/certification requirements of the MDHHS Rules at all times and is tested periodically and inspected annually. The Provider shall maintain records of such inspections at the Facility. The Provider shall notify the Payor immediately, in writing, of any determination that the fire safety system is defective and shall take action to repair the system upon discovery of any defect. The Provider also shall conduct and document fire drills which meet the licensing/certification requirements of the MDHHS Rules.
- The Provider shall permit only responsible staff with an appropriate valid driver's license, as required by State law, to operate motor vehicles while transporting the Consumer(s) hereunder. The Provider agrees to immediately notify the Payor's CEO or the CEO's designated representative of any traffic violations, accidents, or hazardous incidents involving the Provider's vehicles during the transporting of Consumers served under this Agreement.

## XXVI. MISCELLANEOUS PROVISIONS


- **K. Preventive Maintenance for the Facility and Equipment.** **The Provider shall initiate and maintain a schedule of preventive maintenance for the Facility and the surrounding grounds.** The Provider, at its own expense, shall be responsible for any cost of repair or damage to the physical structure and contents of the Facility or the surrounding grounds which is caused by negligent acts or omissions of the Provider or its employees. The Payor shall be responsible for funding the costs of repair or damage to the physical structure and contents of the Facility or the surrounding grounds caused by actions of any Consumer(s) served under this Agreement. The Provider shall initiate and maintain a schedule of preventive maintenance for all equipment purchased in whole or in part with funds provided by the Payor.
- **L. Transporting Consumers.** **The Provider shall ensure that all vehicles used for transporting the Consumers under this Agreement are at all times in safe operating condition.** The Provider shall ensure that a safety **inspection of each vehicle is completed by a licensed mechanic not less than once every twelve (12) months** in order to assure the Payor of the vehicles' safety for transporting the Consumers.

## XXX. ASSIGNMENT

- C. If the Provider, with the Payor's prior consent, **subcontracts any supports/services required of the Provider under this Agreement**, any such subcontract shall:
  - (1.) be in writing and include a full specification of the subcontracted supports/services;
  - (2.) **contain a provision stating that this Agreement is incorporated by reference into the subcontract and made a part thereof**; and,
  - (3.) contain a provision stating that the subcontract is subject to the terms and conditions of this Agreement. Any such subcontract shall not terminate the legal responsibility of the Provider to assure that supports/services required of the Provider hereunder are fulfilled.

## XXX. ASSIGNMENT

- **Prior to the execution of any such subcontract, the Provider shall furnish the Payor with notice of verification that:**
  - (1.) **the subcontractor and its professional staff**, if any, maintain all approvals, licenses, certifications, registrations, accreditations, and authorizations required by federal, State and local laws, ordinances, rules and regulations to perform the subcontracted supports/services for Medicaid and non-Medicaid Consumers;
  - (2.) subcontractor is not listed by a Department or Agency of the State of Michigan as being suspended from participation in Michigan Medicaid and/or Medicare programs;
  - (3.) subcontractor is not listed by a Department or Agency of the State of Michigan in its registry for Unfair Labor Practices;
  - (4.) the subcontractor is not listed by the U.S. General Services Administration in its “Excluded Parties List” as to federal funding;
  - (5.) subcontractor maintains workers' compensation and unemployment insurance coverages for its employees;
  - (6.) subcontractor maintains liability insurance coverages for the supports/services; and,
  - (7.) the subcontractor is in compliance with the Patient Protection and Affordability Care Act. The Provider shall immediately notify the Payor, in writing, if, subsequent to execution of any such subcontract, the Provider discovers that any of the above-cited verifications are no longer true.
  
- **Any subcontractor shall ensure, as applicable, that its professional staff, if any, meet the Payor’s credentialing and privileging requirements, including annual reprivileging and competency standards and/or that its nonprofessional staff meet the Payor’s requirements for qualifications and competency standards, necessary to perform the subcontracted supports/services.**

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- RENEWAL PROVIDERS WILL RECEIVE EMAILS WITH DIRECTIONS FOR COMPLETION OF RENEWAL DOCUMENTATION
  - PROVIDERS WILL HAVE AN OPPORTUNITY TO REVIEW NEW CONTRACT LANGUAGE WITH OUR TEAM PRIOR TO RENEWAL OR ISSUANCE OF NEW CONTRACTS.
  - PLEASE DO NOT HESITATE TO EMAIL QUESTIONS YOU MIGHT HAVE PERTAINING TO THIS PRESENTATION TO [LLAPORTE@NORCOCMH.ORG](mailto:LLAPORTE@NORCOCMH.ORG)