

CATHOLIC COMMUNITY SERVICES NW
CONTRACT #NSMHA-CCSNW-MEDICAID/SMHC-09-11
October 1, 2009 – September 30, 2011

Deliverables for Medicaid & State Mental Health are due one time.

CCS CONTRACT DELIVERABLES

DESCRIPTION	DUE DATES	Contract Reference
1. Concurrent with the execution of this Agreement, CCS shall furnish NSMHA with a copy of the explicit written authorization of their governing bodies to enter into this Agreement and accept the financial risk and responsibility to carry out all terms of this Agreement including the ability to pay for all expenses incurred during the contract period.	10/1/09	Section A (Medicaid & SMHC)
2. CONTRACTOR shall submit a utilization plan for the use of flex funds, said plan shall be submitted on or before November 1, 2007. Plan must include a narrative on how flex fund availability is communicated to Contractor staff.	11/1/09	Sections C – Medicaid B – SMHC
3. CONTRACTOR shall maintain a Commercial General Liability Insurance (CGL). If the Contractor is not a member of a risk pool, the Contractor shall carry CGL to include coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - \$1,000,000; General Aggregate - \$2,000,000. All non-risk pool policies shall name NSMHA as a covered entity under said policy(s).	10/1/09	Section A (Medicaid & SMHC)
4. CONTRACTOR shall continue the implementation of the LOCUS/CALOCUS training plan. CONTRACTOR shall submit inter rater reliability data to NSMHA on a quarterly basis.	Quarterly beginning 2/15/10	Section C (Medicaid & SMHC)
5. CONTRACTOR shall report on October 1, 2009 and quarterly thereafter, residential and housing supply utilized by mental health consumers in the region. This shall include the number of consumers living in mental health boarding homes, ARRCs, other boarding homes, AFHs, and subsidized public housing by types of subsidy. Template is found at http://nsmha.org	Quarterly beginning 10/1/09	Section B (SMHC)
6. CONTRACTOR shall develop a plan and submit it to NSMHA for approval that addresses the action steps to be taken by the CONTRACTOR that will assist in achieving the Performance Indicator/Measures for the priorities identified by NSMHA's Quality Management Oversight Committee.	11/1/09	Section C (Medicaid & SMHC)

DESCRIPTION	DUE DATES	Contract Reference
<p>7. A report shall be submitted to NSMHA by October 5, 2009 and quarterly thereafter, the report shall identify each CONTRACTOR's facility location/address and the number and F.T.E. of individuals providing direct services that are employed or contracted at each location by type, WAC specialty and specialized training/expertise as identified by NSMHA.</p> <p>Template is found at: http://nsmha.org/Contracts/Deliverable_Templates/Default.htm</p>	<p>10/5/09; quarterly thereafter and 30 days prior to implementation and/or public notice when Contractor adds, changes location/closes a facility/program, staff type/specialty</p>	<p>Section D (Medicaid & SMHC)</p>
<p>8. Submission of a Wraparound Training Plan</p>	<p>1/15/10</p>	<p>Section C</p>
<p>9. Submission of a Marketing Plan for the sole purpose of marketing Wraparound Services.</p>	<p>1/15/10</p>	<p>Section C</p>
<p>10. CONTRACTOR shall provide a business continuity and disaster recovery plan within thirty days of execution of this agreement that insures timely reinstatement of the consumer information system following total loss of the primary system or a substantial loss of functionality.</p>	<p>11/1/09</p>	<p>Section D (Medicaid)</p>
<p>11. Report CONTRACTOR revenue-expenditure-certification information to NSMHA on a biennial quarter basis. Reports must comply with the provisions in the BARS Supplemental Instructions for Mental Health Services promulgated by the Washington State Auditor's Office. Reports are due within 35 days of the biennial quarter end (December, March, June and September of each year).</p>	<p>2/5/10-11; 5/5/10-11; 8/5/10-11; 11/5/10-11</p>	<p>Section E (Medicaid & SMHC)</p>
<p>12. CHAP Services Attachment IX, specifically Performance Reporting. In addition, quarterly submission of each Crisis log for the prior month that documents number of telephone interventions and number of face-to-face interventions provided by CHAP crisis 24-hour on-call staff – after hours, weekends, and holidays.</p>	<p>By the 10th of business day of each month & by the 10th business day following each contract quarter</p>	<p>Section C (Medicaid)</p>