

Scope of Work

City of Gallup

Lead Agency: BHSD

State Fiscal Year: FY21 – July 1, 2020 – December 31, 2020

Services: Client Services

Billing Type: Encounters

Funding: State General Funds

Fund Pool: BB10 : SGF: Substance Abuse (State)

Project: Behavioral Health Investment Zones

CFDA# (If Applicable): N/A

The City of Gallup, hereinafter will interchangeably be referred to as the “Provider,” shall perform the work outlined in this Scope of Work and attached Appendices which are hereby incorporated and made a part of the Agreement.

All vendors/providers who receive funds from the Behavioral Health Services Division (BHSD)/Behavioral Health Collaborative and provide behavioral health services must be enrolled as an approved Medicaid provider to receive funding. The BHSD/Behavioral Health Collaborative is the payor of last resort for behavioral health services for adults and children covered by Medicaid. When a Medicaid covered service is provided to a Medicaid eligible client, those services must be billed to Medicaid.

This does not mean that programs and services that require anonymity (e.g., domestic violence, sexual violence, shelters, etc.) will be billed to Medicaid. This does not apply to providers and agencies receiving funds under BHSD Prevention programs. There are no changes in billing for these providers or agencies.

I. PROGRAM DESCRIPTION and TARGET POPULATION

- A. The Behavioral Health Investment Zones (BHIZ) were established in 2016 in two NM counties, Rio Arriba and McKinley, based on the high incidence of deaths attributable to drugs, alcohol, and suicide. New Mexico’s rural communities are more likely to suffer from adverse outcomes as a result of limited healthcare options and a lack of funding. Current assessments found that more funding will help ensure that programs continue to assist individuals who have been served by BHIZ non-Medicaid funds.
- B. The target population for Provider are individuals who are not on Medicaid and require and/or are seeking behavioral and/or mental health treatment and/or drug use disorder services in McKinley County. Examples of these treatment services include but are not limited to crisis counseling, cognitive-based treatment, educational training, outreach, and telehealth.

II. PROGRAM REQUIREMENTS

The City of Gallup shall:

- a) Develop a plan for the City of Gallup to be able to bill Medicaid-specific services to Medicaid while still providing substance abuse services for non-Medicaid programming.
- b) Develop virtual programming to provide substance abuse services and information to clients in social detox (NCI).
- c) Strengthen its recruitment and hiring of License Substance Abuse Counselors by partnering with local and statewide post-secondary institutions, workforce investment boards, and the NM Dept of Workforce Solutions.
- d) Continue with the acudetox program and work on developing new innovative cultural-specific programming such as meditation, art therapy, and talking circles.
- e) Provide case management services such as linkages to community and treatment resources.
- f) Assure compliance with all applicable federal and state laws.

III. SERVICE AND PROGRAM DELIVERABLES, DOCUMENTS, AND REPORTS

The City of Gallup BHIZ program(s) improves the access to and treatment for individuals who are not on Medicaid and who require and/or are seeking substance abuse services in McKinley county. The City of Gallup will provide cultural-specific non-Medicaid programming, while customizing its overall health services by utilizing virtual programming such as laptops, computers, etc. This will provide remote clinical services, such as assessments and referral monitoring. This helps to support its data collection, as well as help with State and Federal reporting. The client's treatment process ultimately improves as a result of better data collection and innovative treatment services.

Task 1. Provider shall implement non-Medicaid programs to assist individuals seeking substance abuse services, while at the same time assisting those who are non-English speakers navigate through the same services.

Performance Measures:

- a) Ninety percent (90%) of all eligible non-Medicaid clients will have gone through an eligibility process and placed in a BHIZ program(s)
- b) Eighty percent (80%) of all non-Medicaid clients will be placed in mandatory group sessions offered through the BHIZ provider
- c) Fifty percent (50%) of all non-Medicaid clients will have completed their substance abuse initial screening assessment and receive a referral to treatment

Task 2. Provider shall implement a virtual program for non-Medicaid BHIZ eligible clients.

Performance Measures:

- a) Ninety-five percent (95%) of all City of Gallup BHIZ program staff will have completed their virtual training.
- b) Ninety-five percent (95%) of all City of Gallup BHIZ program staff who have completed their training shall have validated their account information and skills with the Program Supervisor.
- c) One hundred percent (100%) of all City of Gallup BHIZ program staff will have access to and are ready to serve BHIZ non-Medicaid clients.

Task 3. Develop mitigation strategies and contingency plans for reducing the impact on the virtual program; i.e., software incompatibilities, migration issues, lack of technical administrators and loss of key staff, etc. Risks can be categorized by technical, administrative, organization/cultural, regulatory, resource availability, and use of BHIZ and county-wide resources.

Performance Measures:

- a) Top three (3) high-impact risks will be analyzed within thirty (30) days after launch and will be based on feedback from the City of Gallup staff.

Task 4. Provide a quarterly report with the following data elements¹ to BHSD's Program Manager and/or designee beginning July 1, 2020.

- a) Total # of individuals who were identified as eligible for the non-Medicaid BHIZ program(s) between July 1, 2020 – September 30, 2020.
- b) Total # of individuals who were committed to the non-Medicaid BHIZ program(s) by county-wide organizations and offices.
- c) Total # of clients who received two or more services within thirty (30) days of intake starting July 1, 2020.
- d) Total # of referrals to inpatient treatment.
- e) Total # of referrals to outpatient treatment.
- f) Total # of clients who attended group sessions between July 1, 2020 thru September 30, 2020.
- g) Total # of clients who were discharged to medical facilities between July 1, 2020 thru September 30, 2020.
- h) Total # of services provided throughout the non-Medicaid program(s).
- i) Total # of clients who are not from McKinley County but who were served under the BHIZ non-Medicaid program(s).
- j) Total # of strategic partners involved in the BHIZ project

IV. ANNUAL REPORT AND EVALUATION

¹ Some reporting elements necessarily require that the case managers and/or staff enter the accurate data.

The BHSD evaluates and monitors its program activities, services, and ascertains the progress of providers who receive federal and state funds. It is designed to meet state and federal requirements and standards; i.e., HIPAA, 42 CFR Part 2, HSD Code of Conduct 041.8. It is also used to provide technical assistance to providers for continuous improvement as it pertains to:

- Improving the quality of NM's Behavioral Health programs
- Improving NM's Behavioral Health programs alignment with state and national standards
- Increasing support for state initiatives while expanding Behavioral Health treatment opportunities for NM's most vulnerable population.

Monitoring may occur on-site at the City of Gallup and/or other partner organizations who have clients in BHIZ non-Medicaid program(s), once during the reporting period, July 1, 2020, thru December 31, 2020, and will be conducted by BHSD's Program Manager and/or designee. Program compliance reviews, either on-site visits or desk reviews, will be scheduled based on risks; i.e., accuracy of data submissions, observations, independent audit findings, # of complaints generated by City of Gallup BHIZ program client surveys.

In addition to the reporting requirements and those outlined in the BHSD STAR data entry system and related reports, Provider shall submit a six (6) month BHIZ report, along with its financial report due to BHSD's Program Manager no later than February 15, 2021. The report should include the following components and can include additional information by the Provider. (See Attachment: A)

All exhibits attached are incorporated into this Scope of Work by this reference.

ATTACHMENTS:

Attachment A: Annual and Financial Reports

Attachment B: City of Gallup Fee Schedule

Attachment A: Annual and Financial Reports

An annual and financial report is required for all vendors. The type of financial report is dependent on the amount of the fiscal year allocation. Submitting a financial audit or report is a condition of this contract.

Components to be included on the Annual Report narrative but not limited to:

- a) Administrative
 - Brief description of the project area(s) and community demographic profile
 - Overall project/program effectiveness
 - Identify the names and titles of staff members who provided services
- b) Program/Project
 - Impact on target population, staff, and strategic partners
 - Resources invested to enable you to address treatment and service gaps
- c) Data (Qualitative and/or Quantitative)
 - Trends observed
 - Themes extracted from aggregate data
 - # of individuals and organizations served during the duration of the project
- d) Budget/Fiscal

Select one and initial the reporting requirement that applies.

- A vendor that expends \$750,000 or more in Federal awards during the state fiscal year must have a single audit conducted in accordance with the Audit Requirements of the Federal Uniform Administrative Requirements. (Title 2, Subpart A, Chapter II Part 200, Subpart F, Subgroup 46, Section 200.501). This is due six months after the end of the vendor’s fiscal year.
- A vendor that expends less than \$750,000 in Federal or State awards during the vendor’s fiscal year must submit one of the following:
 - A financial audit prepared by a CPA, or
 - Management letter prepared by a CPA expressing an opinion about financial soundness,
or
 - Financial statement prepared by the vendor, or
 - A balance sheet and profit/loss statement for the past 12 months.

For Vendors without a program manager, the annual program report and financial audit or report are due 30 days after the end of the reporting period.

Submit the report to support@bhsdstar.org

Subject: City of Gallup FY21 Annual Program and Financial Report: Attention Finance Team.

Vendor records must be available for review or audit by appropriate officials of the Federal and/or state government, if needed

Attachment B – City of Gallup/McKinley County Fee Schedule

City of Gallup/McKinley County Services	
Service Title and Type	Rate

<p>Direct and Indirect support to the clients; this includes:</p> <ul style="list-style-type: none">a) Program Staff: Salary and Benefitsb) Travelc) Suppliesd) Contractual Services: Treatment and Case Manager Services, Acudetox, Clinical Support, Evaluation, Sustainability, and Capacity Building	<p>\$250,000.00</p> <p>a) \$49,000.00 b) \$1,000.00 c) 10,000.00 d) 190,000.00</p>
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EXECUTION PAGE

By signing below, I represent that I am an authorized signatory for the Provider and have read and understand this Scope of Work.

VENDOR/PROVIDER	
<u>City of Gallup</u>	
Authorized Signature:  <small>E3509754085846E</small>	Date: 5/21/2020 7:04:43 AM PDT
Name (Please Print or Type): Maryann Ustick	
Title (Please Print or Type): City Manager	
Address: 110 West Aztec Avenue Gallup, NM 87301	
E-Mail Address: mustick@gallupnm.gov	
Phone: 505 863-1221	Fax: 505 722-5134
TIN: 856000132	NPI:

**PROVIDER INSTRUCTIONS
FOR NON-MEDICAID DOCUMENTS**

The document(s) that are being delivered to you have been approved by the State of New Mexico.

Instructions

1. **Legal Name.** Review your Provider Name on the first page of the document to verify it is correct and that it is the Provider's legal name. If it is not, to have it corrected please email support@bhsdstar.org the correct legal name as soon as possible.
2. **Notice and Contact Information.** If you are a new Provider receiving a Provider Agreement, completely fill in Provider's Address, Attention contact, Phone, Fax and Email on page 16 of the Provider Agreement. **Please be sure that all information is legible.**
3. **Execution Page.** Completely fill in all the blanks on the Execution Page (the last page of the document) including all the following information:
 - a) Insert TIN
 - b) Insert NPI
 - c) Sign the Provider Agreement
 - d) Print Name and Title of the signatory in a legible manner
 - e) Fill in Address, Email, Phone and Fax information
4. **Return Executed Document(s).** Documents are returned electronically using DocuSign software once document(s) is executed. Instructions for DocuSign will come with the email from DocuSign.

If you do not complete the document(s) in accordance with the instructions above, the document(s) will be returned to you to complete this step.