

**State of Alaska, Department of Health and Social Services  
Division of Behavioral Health  
Grants & Contracts Support Team  
P.O. Box 110650, Juneau, AK 99811-0650**

**PROVIDER AGREEMENT FOR INDIVIDUALIZED TRAUMA INFORMED BEHAVIORAL  
HEALTH SERVICES**

\_\_\_\_\_, (Provider) enters into a Provider Agreement with The State of Alaska, Department of Health & Social Services (DHSS) for the purpose of providing trauma informed behavioral health clinic services to victims of domestic violence, sexual assault, and other forms of interpersonal violence. The Agreement builds upon the Division of Behavioral Health's (DBH) efforts in the previous two fiscal years by identifying a pool of Clinicians who can provide trauma informed clinical services and who have successfully completed the DBH sponsored training in trauma informed care practices entitled Trauma 101. Any Provider seeking to render services under this Agreement must provide a certificate of completion of this training for any Clinician rendering services on behalf of the Provider under this Agreement. By entering into this Provider Agreement, the Provider agrees to the following, including all applicable provisions of the attached Appendices:

**APPENDICES:**

- A. 7 AAC 81, Grant Services for Individuals, Revised 6/23/06
- B. 7 AAC 135.100 – 160 Behavioral Health Services Integrated Regulations, Revised 10/1/11  
<http://dhss.alaska.gov/dbh/Documents/PDF/Behavioral%20Health%20Integrated%20Regs%2010.1.2011.pdf>
- C. Privacy & Security Procedures for Providers
- D. Resolution for Alaska Native Entities

**ATTACHMENTS:**

- 1. Performance Measures
- 2. Eligible Clinic Services, Procedure Codes, and Rates

**I. PROVIDER ELIGIBILITY**

The Provider agrees to the provisions of 7 AAC 81, Grant Services for Individuals (*Appendix A*), as well as all other applicable state and federal law, and declares and represents that it meets the eligibility requirements for a Service Provider for this Agreement. With the signed agreement, the Provider must submit the following documentation:

- A. Proof of a Federal Tax ID Number;
- B. A current State of Alaska Business License;
- C. Alaska Native entities<sup>1</sup> entering into a Provider Agreement with DHSS must provide a waiver of immunity from suit for claims arising out of activities of the Provider related to this Agreement using Appendix D;
- D. Certificate of completion of the DBH sponsored Trauma 101 course for any Clinician rendering services under this agreement; and

<sup>1</sup> "Alaska Native entity" means an Alaska Native organization that the Secretary of the Interior acknowledges to exist as an Indian tribe through the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a.

- E. An active Memorandum of Agreement (MOA) for provision of these services with an Alaska Council on Domestic Violence and Sexual Assault (CDVSA) program that also successfully has completed the Trauma 101 course and is committed to utilizing this treatment modality.

By submission of the signed Agreement, the Provider further agrees that they will comply with the following:

- A. The provisions of Appendix C, Privacy & Security Procedures.
- B. Facilities utilized for delivery of services meet current fire code, safety and ADA standards and are located where clients of the program services have reasonable and safe access.
- C. During the effective period of this Agreement, the Provider agrees to keep current any and all licenses, certifications and credentials required of the provider agency, staff and facility to qualify for providing services to DHSS clients through this Agreement, and to keep current the necessary documentation on file with DHSS to demonstrate compliance.

## II. DESCRIPTION OF SERVICES

Providers should refer to Attachments 1 and 2 for additional information for the provision of services applicable to this Provider Agreement.

- A. Partnering with CDVSA programs, the Provider will deliver up to 10 trauma-informed behavioral health clinic services as defined in 7 AAC 135.010 (b) (e.g., assessment, family, individual or group psychotherapy, medication management, etc.) for victims of domestic violence, sexual assault, and other forms of interpersonal violence, to provide care as indicated in the assessment and treatment plans and authorized through the Division of Behavioral Health.
- B. Services are intended to be brief interventions specific to the needs of the recipient, with the intent to address the behavioral health issue before it becomes a serious and potentially incapacitating disorder.
- C. These services are authorized as a result of a screening and referral process by the CDVSA Partner and completion of an assessment and treatment plan by the approved provider.
- D. The CDVSA Partner will screen the client using the Alaska Screening Tool (AST) or other appropriate screening tool, and then refer the client to the approved provider.
- E. The client is not required to meet the criteria for an adult experiencing a serious mental illness nor the criteria for a substance use disorder (as defined in 7 AAC 70.990(2) and (31)) to access care in this project. The client must be assessed as experiencing a non-persistent mental, emotional, or behavioral disorder *or* a problem which is the focus of clinical attention resulting in a Diagnostic and Statistical Manual (DSM) diagnosis.
- F. The provider will expedite service by providing an intake assessment within 48 hours of referral and first treatment service within 72 hours of referral.
- G. The provider agrees to accept referrals from any approved CDVSA agency in the network of providers.

## III. CLIENT ELIGIBILITY

The providers enrolled with this Agreement will determine eligibility of referrals from CDVSA Partners based on criteria listed below. Under this Provider Agreement, services are available for a recipient who is:

- A resident of the state of Alaska;
- Assessed by a qualified mental health professional clinician (as defined in 7 AAC 70.990 (28)) as experiencing a non-persistent mental, emotional, or behavioral disorder *or* a problem which is the focus of clinical attention resulting in a DSM diagnosis; and
- Has experienced domestic violence, sexual assault, or other interpersonal violence.

#### IV. BILLING

Any providers who are not existing DBH grantees must contact AKAIMS support staff to ensure their enrollment in the AKAIMS system. All providers must also enroll into the AKAIMS Contracts Management Module. Providers submitting claims to DHSS for services provided to a client shall include itemized charges describing only the DHSS approved clinic services, and as described in Attachment 2. A client record must be established for each program recipient. The client record(s) must meet all regulatory requirements for clinical records as outlined in the Integrated Behavioral Health regulations (Appendix B) and will include, at minimum, an AST, Client Status Review (CSR), behavioral health assessment, treatment plan, and progress notes. AKAIMS minimal data set requirements must be met. Each eligible client for this initiative will be enrolled into a provider agency's AKAIMS account in a specific designated program for this initiative. AKAIMS staff will offer technical assistance to provider agencies who request it.

Upon completion, the service is documented with a separate note for each procedure code/service and released to the Provider agency billing department. The Provider billing department will route billing to DBH for adjudication through the AKAIMS Contracts Management Module. Each Trauma Informed Care recipient must be enrolled in the AKAIMS Trauma payer plan. Each service will be referenced in the Provider's treatment plan for the recipient. The Provider must ensure that all required data are entered. Required documentation for each service includes the name of the recipient, service code, and the total number of units billed. A list of eligible clinic services, procedure codes and rates for these services is found in Attachment 2 of this Agreement.

If applicable to the services provided under this agreement, the Provider will have a Medicaid Provider Number and will make reasonable effort to bill all eligible services to Medicaid or any other available sources of payment before seeking payment through this provider agreement. Clients who meet Medicaid eligibility or who have a primary payer source such as private insurance are eligible to be enrolled in the services described in this agreement if they meet the client eligibility requirements. If DHSS pays for a service, and a primary payment source subsequently submits payment for the same service, the Provider shall credit back to DHSS payments received by the Provider.

Except when good cause for delay is shown, DHSS will not pay for services unless the Provider submits a claim within 30 days of the date the service was provided. DHSS is the payer of last resort; therefore determination of payment by a primary payer source (private insurance, Medicaid, etc.) constitutes good cause for delay. Clients seen through DHSS funded services will not be charged any sliding-scale fee, deductible, co-pay or administrative fee for covered services.

Endorsement of a DHSS payment warrant constitutes certification that the claim for which the warrant was issued was true and accurate, unless written notice of an error is sent by the Provider to DHSS within 30 days after the date that the warrant is cashed.

Providers may submit claims in paper form or electronically. Refer to Section VI of this document for explicit instructions about the submission of confidential or other sensitive information. Providers will be responsible for using appropriate safeguards to maintain and to ensure the confidentiality, privacy, and security of information transmitted to DHSS up to and until such information is received by DHSS.

#### V. SUBCONTRACTS

Subject to prior approval by DHSS, subcontracts may be allowed under the terms of this Provider Agreement according to the provisions of 7 AAC 81.090. The Provider will remain responsible for services rendered to the client by all sub-contractors. The Provider also assures all fiscal and administrative responsibility for payment of all sub-contractors. Subcontractors must be able to provide a certificate of completion for the Trauma 101 course.

#### VI. CONFIDENTIALITY AND SECURITY OF CLIENT INFORMATION

The Provider will ensure compliance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA), the Health Information Technology for Economical and Clinical Health Act of 2009 (HITECH), and 45 C.F.R. 160 and 164, if applicable, and other federal and state requirements for the privacy and security of protected health information the Provider receives, maintains, or transmits, whether in electronic or paper format. Client information is confidential and cannot be released without the HIPAA-compliant, written authorization of the client and DHSS, except as permitted by other state or federal law.

By entering into this Agreement, the Provider acknowledges and agrees to comply with the Privacy and Security Procedures for Providers as set forth in Appendix C to this Agreement.

#### VII. REPORTING AND EVALUATION

The Provider agrees to comply with 7 AAC 81.120 Confidentiality, and 7 AAC 81.150 Reports, and other applicable state or federal law regarding the submission of information, including the provisions of Section VI of this Agreement. The Provider agrees to submit any reporting information required under this Agreement and to make available information deemed necessary by DHSS to evaluate the efficacy of service delivery or compliance with applicable state or federal statutes or regulations.

The Provider agrees to provide state officials and their representatives access to facilities, systems, books and records, for the purpose of monitoring compliance with this Agreement and evaluating services provided under this Agreement.

On-site Quality Assurance Reviews may be conducted by DHSS staff to ensure compliance with service protocols. The Provider will ensure that DHSS staff has access to program files for the purposes of follow-up, quality assurance monitoring and fiscal administration of the program.

#### VIII. RECORD RETENTION

The Provider will retain financial, administrative, and confidential client records in accordance with 7 AAC 81.180 and with Appendix C to this Agreement. Upon request, the Provider agrees to provide copies of the Provider's records created under this Agreement to the Department of Health & Social Services, under the health oversight agency exception of HIPAA. The Provider will seek approval and instruction from DHSS before destroying those records in a manner approved by DHSS. In the event a Provider organization or business closes or ceases to exist as a Provider, the Provider must notify DHSS in a manner in compliance with 7 AAC 78.185 and Appendix C to this Agreement.

## IX. ADMINISTRATIVE POLICIES

- A. The Provider must have established written administrative policies and apply these policies consistently in the administration of the Provider Agreement without regard to the source of the money used for the purposes to which the policies relate. These policies include: employee salaries, overtime, employee leave, employee relocation costs, use of consultants and consultant fees, training, criminal background checks if necessary for the protection of vulnerable or dependent recipients of services, and conflicts of interest, as well as the following:
1. Compliance with OSHA regulations requiring protection of employees from blood-borne pathogens and that the Alaska Department of Labor must be contacted directly with any questions;
  2. Compliance with AS 47.05.300-390 and 7 AAC 10.900-990. Compliance includes ensuring that each individual associated with the provider in a manner described under 7 AAC 10.900(b) has a valid criminal history check from the Department of Health and Social Services, Division of Public Health, Background Check Program (“BCP”) before employment or other service unless a provisional valid criminal history check has been granted under 7 AAC 10.920 or a variance has been granted under 7 AAC 10.935. For specific information about how to apply for and receive a valid criminal history check please visit <http://www.hss.state.ak.us/dhcs/CL/bgcheck/default.htm> or call (907) 334-4475 or (888) 362-4228 (intra-state toll free);
  3. Compliance with AS 47.17, Child Protection, and AS 47.24.010, Reports of Harm, including notification to employees of their responsibilities under those sections to report harm to children and vulnerable adults;.
  4. If providing residential and/or critical care services to clients of DHSS, the Provider shall have an emergency response and recovery plan, providing for safe evacuation, housing and continuing services in the event of flood, fire, earthquake, severe weather, prolonged loss of utilities, or other emergency that presents a threat to the health, life or safety of clients in their care.
- B. The Provider agrees to maintain appropriate levels of insurance necessary to the responsible delivery of services under this Agreement, which will include items 1 and 2 below, and may include all the following that apply to the circumstances of the services provided:
1. Workers Compensation Insurance for all staff employed in the provision of services under this Agreement, as required by AS 23.30.045. The policy must waive subrogation against the State.
  2. Commercial General Liability Insurance - covering all business premises and operations used by the provider in the performance of services under this Agreement, with minimum coverage limits of \$300,000 combined single limit per occurrence.
  3. Commercial General Automobile Liability Insurance - covering all vehicles used by the provider in the performance of services under this Agreement with minimum coverage limits of \$300,000 combined single limit per occurrence.
  4. Professional Liability Insurance - covering all errors, omissions, or negligent acts in the performance of professional services under this Agreement. This insurance is required for all providers of clinical or residential services, or for any other provider for whom a mistake in judgment, information, or procedures may affect the welfare of clients served under the Provider Agreement.

## X. EQUAL EMPLOYMENT OPPORTUNITY

The Provider shall adhere to Alaska State Statutes regarding equal employment opportunities for all persons without regard to race, religion, color, national origin, age, physical or mental disability, gender, or any other condition or status described in AS 18.80.220(a)(1) and 7 AAC 81.100. Notice to this effect must be conspicuously posted and made available to employees or applicants for employment at each location where services are provided under this Provider Agreement; and sent to each labor union with which the provider has a collective bargaining agreement. The Provider must include the requirements for equal opportunity employment for contracts and subcontracts paid in whole or in part with funds earned through this Agreement. Further, the Provider shall comply with federal/state statutes and regulations relating to the prevention of discriminatory employment practices.

## XI. CIVIL RIGHTS

The Provider shall comply with the requirements of 7 AAC 81.110 and all other applicable state or federal laws preventing discrimination, including the following federal statutes:

- A. The Civil Rights Act of 1964, (42 U.S. C. 2000d);
- B. Drug Free Workplace Act of 1988, (41 U.S.C. 701-707);
- C. Americans with Disabilities Act of 1990, (41 U.S.C. 12101-12213).

The Provider will establish procedures for processing complaints alleging discrimination on the basis of race, religion, national origin, age, gender, physical or mental disability, or other status or condition described in AS 18.80.220(a)(1) and 7 AAC 81.110(b).

In compliance with 7 AAC 81.110(c), the Provider may not exclude an eligible individual from receiving services, but with concurrence from DHSS, may offer alternative services to an individual if the health or safety of staff or other individuals may be endangered by inclusion of that individual.

## XII. ACCOUNTING AND AUDIT REQUIREMENTS

The Provider shall maintain the financial records and accounts for the Provider Agreement using generally accepted accounting principles.

DHSS may conduct an audit of a provider's operations at any time the department determines that an audit is needed. The auditor may be a representative of DHSS or a representative of the federal or municipal government if the Agreement is provided, in part, by the federal or municipal government or an independent certified public accountant. The Provider will afford an auditor representing DHSS or other agency funding the agreement reasonable access to the Provider's books, documents, papers, and records if requested. Audits must be conducted in accordance with the requirements of 7 AAC 81.160; including the requirement for a Provider to refund money paid on a questioned cost or other audit exception if they fail to furnish DHSS with a response that adequately justifies a discovery of questioned costs or other audit exceptions.

## XIII. LIMITATION OF APPROPRIATIONS

DHSS is funded with state funds, which are awarded on an annual basis. During each state fiscal year, DHSS may authorize payment of costs under a Provider Agreement only to the extent of money allocated to that fiscal year. Because there is a fixed amount of funding on an annual basis, it may at times be necessary for DHSS to prioritize the client population served under this Agreement. Limitations may include but are not limited to a moratorium on types of services, or a moratorium by geographic region served, or a restriction of services to clients with defined needs. The decision to limit billable services shall be based solely on available funding.

**XIV. INDEMNIFICATION AND HOLD HARMLESS OBLIGATION**

The Provider shall indemnify, hold harmless, and defend DHSS from and against any claim of, or liability for, error, omission, or negligent or intentional act of the Provider under this Agreement.

The Provider shall not be required to indemnify DHSS for a claim of, or liability for, the independent negligence of DHSS. If there is a claim of, or liability for, the joint negligent error or omission of the Provider and the independent negligence of DHSS, fault shall be apportioned on a comparative fault basis.

“Provider” and “DHSS,” as used within this section, include the employees, agents, or Providers who are directly responsible, respectively, to each. The term “independent negligence” is negligence other than in DHSS’s selection, administration, monitoring, or controlling of the Provider and in approving or accepting the Provider’s work.

**XV. AMENDMENT**

The Provider acknowledges that state and federal laws relating to information privacy and security, protection against discriminatory practices, and other provisions included in this agreement may be evolving and that further amendment to this Agreement may be necessary to insure compliance with applicable law. Upon receipt of notification from DHSS that a change in law affecting this Agreement has occurred, the Provider will promptly agree to enter into negotiations with DHSS to amend this Agreement to ensure compliance with those changes.

**XVI. TERMINATION OF AGREEMENT AND APPEALS**

The Provider agrees to notify DHSS immediately if it is no longer eligible to provide services based on applicable Provider eligibility requirements set out in Section I of this Agreement. Notification of non-eligibility will result in automatic termination of this Agreement. Failure to comply with the terms of this Agreement and/or standards outlined in the Agreement and its appendices may result in non-payment and automatic termination of the Agreement by DHSS.

A Provider may appeal the decision to terminate a Provider Agreement under 7 AAC 81.200. All appeals will be conducted in accordance with Section 7AAC 81.200-210 of the Alaska Administrative Code.

Except as noted above, DHSS may terminate this Agreement with 30 days’ notice. A Provider may also terminate the Agreement with 30 days’ notice, but must provide assistance in making arrangements for safe and orderly transfer of clients and information to other Providers, as directed by DHSS.

This Agreement remains in force until the Provider or DHSS terminates the Agreement or a material term of the Agreement is changed.

I certify that I am authorized to negotiate, execute and administer this agreement on behalf of the Provider agency named in this agreement, and hereby consent to the terms and conditions of this agreement, and its appendices and attachments.

**PROVIDER**

**DEPT. OF HEALTH & SOCIAL SERVICES**

\_\_\_\_\_  
**Signature of Provider Representative & Date**

\_\_\_\_\_  
**Signature of DHSS Representative & Date**

\_\_\_\_\_  
**Printed Name Provider Representative & Title**

Darla Madden, Grants & Contracts Manager  
**Printed Name - DHSS Representative & Title**

**Provider Contact & Mailing Address**

**DHSS Contacts & Mailing Addresses**

**PROGRAM CONTACT**

Lisa Rosay, Program Manager  
 DHSS Division of Behavioral Health  
 3601 C Street Suite 878  
 Anchorage, Alaska 99503-5935  
 Phone: (907) 269-2972  
 Fax: (907) 269-3623  
 Email: [lisa.rosay@alaska.gov](mailto:lisa.rosay@alaska.gov)

\_\_\_\_\_  
**Provider Phone Number/ Fax Number**

**ADMINISTRATIVE CONTACT**

**Diane LoRusso, Grants Administrator**

Grants & Contracts Support Team  
 PO Box 110650  
 Juneau, AK 99811-0650  
 Phone: (907) 465-6148  
 Fax: (907) 465-8678  
 Email: [diane.lorusso@alaska.gov](mailto:diane.lorusso@alaska.gov)

\_\_\_\_\_  
**Provider Email Address**

\_\_\_\_\_  
**Federal Tax ID Number**

Providers must identify the business entity type under which they are legally eligible to provide service and intending to enter into this Provider Agreement.

Check Entity Type:

- Private For-Profit Business, licensed to do business in the State of Alaska
- Non-Profit Organization Incorporated in the State of Alaska, or tax exempt under 26 U.S.C. 501(c)(3)
- Alaska Native Entity, as defined in 7 AAC 78.950(1) All applicants under this provision must submit with their signed Agreement, a Waiver of Sovereign Immunity, using the form provided as Appendix D to this Provider Agreement.
- Political Subdivision of the State (City, Borough or REAA)