Provider Manual

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Section 1: Introduction

1.a: Introduction to the Behavioral Health Provider Network (BHPN)

Welcome to the Behavioral Health Provider Network (BHPN)! You've joined a network of behavioral health and therapy Providers who provide quality, evidence-based treatment through Behavioral Health Treatment (BHT), speech therapy, occupational therapy and physical therapy to people living with Autism Spectrum Disorder (ASD) and other Developmental Disabilities.

This manual outlines our policies and procedures. Please use it as a guide in helping your Clients achieve their medical goals.

Thank you for being a part of the BHPN. We look forward to a rewarding partnership.

Trent Iden, MBA
Senior Vice President, theBHPN

Doreen Samelson, EdD, MSCP
Senior Vice President, Clinical Excellence

Tracy Gayeski, Psy.D., MBA
Vice President, Network Operations

For questions please see Section 1.c for a list of contacts.

1.b: BHPN Code of Conduct

The BHPN Code of Conduct (the "Code") reflects our collective commitment and responsibility to provide the best service, practice ethical business behavior, meet rigorous professional standards, comply with laws, regulations and policies that govern our work, and to uphold our reputation. It also provides the mechanisms for asking questions, and reporting concerns or suspected violations without fear of retaliation.

The Standards described in our Code, along with our Mission Statement, Purpose and Values serve as guidance in promoting ethical, honest and lawful decisions and actions for us as members of the BHPN Community. The Code is meant to be a resource to help you make the right decisions as you carry out your duties every day. We all have a responsibility to integrate the principles of the Code into our work, to build on the trust bestowed upon us by our Clients, families, stakeholders and to protect our brand reputation.

The BHPN Code of Conduct can be found in the Appendix.

1.c: Network Departments and Contacts

The BHPN is here to support you. Please find contact information for our departments listed below.

BHPN: theBHPN@theBHPN.org
Contact for:

- Submitting clinical reports and Reportable Events
- Updates about a Client or case
- Questions for your BHPN Care Team
- Requests for new service lines, service areas, or clinics

BHPN Customer Service: CustomerService@theBHPN.org
Phone: 855-the-BHPN (855- 843-2476)
Please offer this to Clients for:

- Getting in touch with their BHPN Care Team
- Billing / Statement inquiries

Billing and Invoicing: Chargeimport@theBHPN.org
Contact for:

- Submitting your invoices
- Billing inquiries (procedure codes, units, etc.)

Quality Assurance & Improvement: Quality@theBHPN.org
Contact for:

- Questions for your QA Manager
- Non-Clinical Policies or Requirements inquiries
- Practitioner Enrollment & Updates
- Audit questions or inquiries

BHPN Compliance HelpLine
Call: 833-44-PROTECT, 24/7, 365 days a year.

The BHPN Compliance HelpLine is a toll-free confidential and anonymous phone number to report suspected violations of law, regulations, policies and procedures, the code of conduct, wrongdoing, and/or other concerns. A copy of the Compliance HelpLine poster is enclosed in the Appendix.

Compliance & Privacy: Compliance@theBHPN.org
As an extension of the BHPN Compliance HelpLine, the Compliance & Privacy Team is also available if you have questions or concerns related to compliance or privacy issues outside of specific areas addressed in this manual (which should be directed to Quality Assurance or your Clinical Case Manager).

Section 2: Definitions and Key Terms

Behavioral Health Provider Network (BHPN): a group of contracted Applied Behavior Analysis (ABA), speech therapy, occupational therapy, and physical therapy Providers who provide high-quality and medically necessary Services to Clients with a diagnosis of Autism Spectrum Disorder and other Developmental Disabilities, and their families.

Billing Dispute: a disagreement made by a Client, or the Client's representative, about a charge on the Client's billing statement.

Child: an individual under the age of 18 years.

Client: an individual receiving assessment or treatment Services from any contracted BHPN Provider.

Competency-Based Training: an approach to education that focuses on the ability to demonstrate adequate skills, knowledge, and capacity to perform a specific set of job functions.

Complaint: an expression of dissatisfaction about anything related to the work performed by the BHPN or a BHPN Provider that is not amenable to prompt resolution at the point of Service or is raised after the time the initial care or Service was provided.

Compliance: Systematic procedures instituted by an organization to ensure that the provisions of the regulations imposed by regulatory agencies are being met.

Consent: Permission and agreement for a Client to receive Services through the BHPN.

Direct Session: a medically necessary Service provided as part of a Client's treatment plan, in which the Client or Client's representative is present in-person. Direct Sessions must be authorized by the Funding Source and may not exceed the authorized hours.

Discharge: when a Client will no longer be receiving Services through the BHPN, whether or not Services are still clinically recommended.

Funding Source: the organization responsible for some or all the payment for Services provided through the BHPN.

Grievance: a complaint relating to quality of care or an objection to anything related to the work performed by the BHPN or a BHPN Provider, which results in action by the organization and is not amenable to prompt resolution at the point of Service or is raised after the time the initial care or Service was provided.

Guardian: a person(s) legally authorized to make medical decisions for or on behalf of a Client.

Indirect Session: a medically necessary Service provided as part of a Client's treatment plan, in which the Client is not present. Indirect Sessions must be authorized by the Funding Source and may not exceed the authorized hours.

Mandated Reporter: health care personnel required by law to report suspicion or knowledge of child abuse and/or neglect to either Child Welfare or Law Enforcement.

Practitioner: a qualified individual providing Services to BHPN Clients.

Policy: a written course of action or guidelines adopted by the company's leadership and reflected in actual practice (Commission on Accreditation of Rehabilitation Facilities, CARF International, 2016).

Procedure: a written "how-to" description of actions to be taken to fulfill a function or task.

Protected Health Information (PHI): individually identifiable health information (IIHI) that is transmitted by electronic media; maintained in any medium as described in the definition of electronic media; or transmitted or maintained in any other form. PHI excludes individually identifiable health information in education records and student health records covered by the Family Educational Rights and Privacy Act (FERPA), and employment records held by a Provider in its role as an employer.

Provider: an agency or organization contracted with the BHPN to deliver Services to BHPN Clients.

Reportable Event: a situation in which a Client, family member, or staff engages in behavior that jeopardizes the safety and welfare of themselves, Client, or the program staff, and/or other customers, as well as other incidents that are an emergency in nature, e.g., fire. This includes, but is not limited to: suicidal behavior, aggressive behavior, wandering, elopement/Absent Without Leave (AWOL), threatening statements and behavior, and inappropriate sexualized behavior. Any event resulting in external intervention (e.g., emergency services, CPS, police, 5150, crisis response) is considered a Reportable Event.

Responsible Adult: a Guardian or an over the age of 18 individual who is capable and approved by the Guardian to provide care to the Client in their absence.

Restraint: The use of physical, mechanical, or other means to temporarily subdue a Client or otherwise limit their freedom of movement. Restraint is used only when other less restrictive measures have been found to be ineffective to protect the Client or others from injury or self-harm.

Sentinel Event: a situation that results in death or serious physical or psychological injury to any Client and/or staff.

Services: a treatment provided to Clients which may include behavioral health treatment, speech therapy, occupational therapy, physical therapy, group treatment, or early intervention.

Sessions: time during which a Client receives Services from the BHPN or a BHPN Provider.

Session Note: required written documentation of the clinical work conducted during each and every Session provided, both direct and indirect.

Session Verification: parent/Guardian attestation that Services occurred at the date and time stated, for direct Services.

Telehealth: A phone or video session that provides direct treatment or training targeting a goal(s) in the client's treatment plan. Phone calls to schedule appointments or answer simple questions do not qualify and are not billable.

Training: the action of teaching a Practitioner a particular skill or type of behavior.

Transfer: when a Client is changing Providers but will continue to receive the same modality of care.

Transition: when a Client is either changing treatment modalities and/or a change in level of service.

Section 3: Practitioner Management

3.a: Practitioner Qualifications

Practitioner qualifications for delivery of Services within the BHPN are dictated by the following standards and scope of practice as defined by California's Health and Safety Code 1374.73.

3.a.1: Qualified Autism Service Provider

Role Description and Approved Activities

Designs, supervises, and provides treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.

Required Qualifications

- 18 years of age or older

And any of the following:

- Board Certified Behavior Analyst (BCBA)
- Board Certified Behavior Analyst Doctoral (BCBA-D)
- Licensed Speech-Language Pathologist (SLP)
- Licensed Occupational Therapist (OT)
- Licensed Marriage & Family Therapist (MFT)
- Licensed Psychologist
- Licensed Educational Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Clinical Counselor (LPC)
- Licensed Physical Therapist (PT)

3.a.2: Qualified Autism Service Professional

Role Description and Approved Activities

Supervises and provides treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.

Required Qualifications

- 18 years of age or older
- An employee of the Provider organization
- Supervised by a Qualified Autism Service Provider

And any of the following:

- Board Certified associate Behavior Analyst (BCaBA)
- Bachelor's Degree + 12 semester units in applied behavior analysis + 1 year of experience in implementing behavior modification intervention services
- Bachelor's Degree + 2 years of experience in implementing behavior modification intervention services

3.a.3: Qualified Autism Service Paraprofessional

Role Description and Approved Activities

Provides treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.

Required Qualifications

- 18 years of age or older,
- High School Diploma or equivalent,
- An employee of the Provider organization,
- Completed 40 hours of Competency-Based Training designed by a BCBA, and
- Maintains a certification for the role of Qualified Autism Service Paraprofessional (accepted certifications include: Registered Behavior Technician (RBT), Board Certified Autism Technician (BCAT), and Applied Behavior Analysis Technician (ABAT), unless otherwise approved by the BHPN) (required within 90 calendar days of the first BHPN service the practitioner renders),
    - Under some circumstances, the BHPN will approve a Practitioner Certification Plan for practitioners not certified within 90 calendar days. All Plans must be submitted to BHPN Quality prior to the Practitioner exceeding the 90-calendar day period.
- Supervised by a Qualified Autism Service Provider.

3.a.4: Speech Therapist

Role Description and Approved Activities

Designs and provides treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.

Required Qualifications

- Licensed Speech-Language Pathologist (SLP) in the state of California
- A Registered Speech-Language Pathologist Assistant (SLPA) under the supervision of a CA Licensed SLP

3.a.5: Occupational Therapist

Role Description and Approved Activities

Designs and provides treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.

Required Qualifications

- Licensed Occupational Therapist (OT) in the state of California

3.a.6: Physical Therapist

Role Description and Approved Activities

Designs and provides treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.

Required Qualifications

- Licensed Physical Therapist (PT) in the state of California

3.b: Practitioner Requirements

The BHPN requires that the following actions be completed for each Practitioner working in the BHPN prior to the Practitioner providing Services to Clients. BHPN utilizes Verity to conduct Practitioner due diligence and monitoring. See Appendix for the Verity User Guide.

3.b.1: Criminal Background Checks

Providers are responsible for conducting a Department of Justice (DOJ) live-scan criminal record background check on all Practitioners prior to them servicing Clients and throughout employment. The DOJ Checks must ensure that the Practitioner has either no criminal convictions, or that any criminal convictions have been individually assessed and documented to have no direct and adverse relationship with the duties of the clinical role. Confirmation that the Provider has conducted a criminal background check, and the practitioner meets the above criteria is required at time of Practitioner registration in Verity.

3.b.2: Exclusion Checks

BHPN utilizes Verity to screen BHPN Practitioners against the Office of Inspector General (OIG), System for Award Management (SAMS), and State Medicaid Exclusion lists before they provide Services to Clients, and throughout employment, to ensure they are not on the lists. The results of these screenings are available to the Provider within the Practitioner's Verity Profile. While Verity conducts these screenings for BHPN Practitioners, below are the websites of the top Exclusion Lists.

- OIG, U.S. Department of Health and Human Services, "Exclusion Database" is currently available on the website at: https://exclusions.oig.hhs.gov/

- The System for Award Management (SAM) database includes a list of excluded individuals and entities. Per OIG directives, the healthcare organization and Providers must search the SAM database which contains debarment actions. The SAM Excluded Parties list is currently available on the website at: https://www.sam.gov/SAM/

- The California Department of Health Care Services Suspended and Ineligible Provider Lists is currently available on the website at: http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp

3.b.3: Primary Source Verification of Professional Licensure/Certification

BHPN utilizes Verity to verify Licenses and Certifications and the results are available to the Provider within the Practitioner's Verity Profile. Practitioners may not treat Clients if their licenses are suspended, lapsed, or inactive.

3.b.4: Primary Source Verification of Education & Experience

Providers are responsible for verifying the Education and Experience for all non-certified and non-licensed BHPN Practitioners. Primary Source of Education should consist of confirmation directly from the College/University that issued the Degree. A copy of a degree provided by the Practitioner is not considered primary source verification. Primary Source of Experience consists of a resume and reference checks against the resume. Providers are required to enter Education & Experience into Verity for QAS Professionals.

3.b.5: Required Immunizations/Immunity

Practitioners must have documented immunizations or immunity (titer) from an authorized medical professional for each of the following:

- Rubella (2-series)
- Rubeola (2-series)
- Mumps (2-series)
- Varicella (2-series)
- Hepatitis B (3-series) (Declination acceptable)
- Pertussis (Tdap) (Declination acceptable)
- Absence of Tuberculosis (TB)

A written declination stored in the employee's record is acceptable only for Hepatitis B and Pertussis.

Proof of Immunization/Immunity must be submitted with the Practitioner's Registration in Verity.

Please see Centers for Disease Control and Prevention's website for Recommended Vaccines for Healthcare Workers https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

3.b.6: Documentation of Physical Capability to Perform Services

Practitioners need to obtain written statements by an authorized party: Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP)/Physician Assistant (PA), or a Licensed Chiropractor indicating that they are physically capable of performing Services. The exam is intended to look for signs of communicable disease focusing on the skin, lungs, face, mouth and eyes as well as validating the ability of the Practitioner to perform the physical requirements of the job.
See sample form: http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC503.pdf
Proof of physical capability to perform Services must be submitted with the Practitioner's registration in Verity.

3.b.7: Permission to Disclose Health Screening Medical Information

Practitioners need to sign a written authorization allowing the BHPN and Kaiser Permanente to view their health screening medical information, and it should be kept in each Practitioner's employee record. See the Appendix for a sample. The Permission to Disclose must be submitted with the Practitioner's Registration in Verity.

3.b.8: Proof of Driver's License & Automobile Insurance

Any Practitioner that drives on the job must have a copy of their current CA Driver's License, or other proof of a CA Driver's License, and proof of current auto insurance maintained in their employee file.

3.b.9: Emergency Information

Providers must keep current emergency contact information on file for each Practitioner. Emergency contact information should include names, phone numbers and relationship to the Practitioner.

3.b.10: Written Job Descriptions

Providers must have written job descriptions for each Practitioner that are reviewed annually and updated as needed.

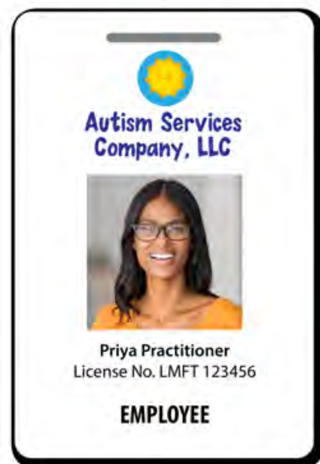
3.b.11: Evidence of Established Competencies
Each Practitioner must have documented evidence of demonstrated competencies required for the position and the skills required to perform the duties of each position within the first 90 calendar days of hire. The competency evaluation must include the date of the evaluation, the signature of the Practitioner being evaluated, and the signature of the individual conducting the evaluation

3.b.12: Performance Evaluations
All Practitioners must have performance evaluations annually based on the Practitioner's job functions and identified competencies. Evaluations should include objectives and functional goals achieved, progress toward goals and new goals. Each requires the date of the evaluation, the Practitioner's signature and the signature of the person conducting the evaluation.

3.b.13: National Provider Identifier (NPI):
HIPAA requires the adoption of a standard unique identifier for healthcare providers. All BHPN Practitioners are required to have a Type I National Provider Identifier (NPI), in accordance with HIPAA and industry standard. Link to Create a New NPI Account: https://nppes.cms.hhs.gov/#/

3.b.14: CAQH Registration:
To comply with SB-137 Practitioner Reporting Requirements, the BHPN requires that all Qualified Autism Service Providers be registered and maintain an active registration with CAQH. Qualified Autism Service Providers can register and maintain their CAQH at https://proview.caqh.org/PR/Registration/SelfRegistration

3.b.15: Badges:
For security purposes, anytime a Practitioner is on a Provider's site, the Practitioner must wear a photo identification badge that identifies the name of the company, Practitioner's full name, credentials and job title. Sample Badge:



3.c: New Practitioners and Practitioner Changes

The BHPN needs to maintain an accurate roster of Practitioners working in the network. BHPN utilizes Verity as a platform to conduct due diligence, monitoring, and data management of Practitioners providing Services in the BHPN. Verity must be updated for each of the following situations:

- **Joining the Network:** Newly hired or contracted Practitioners must be entered in Verity with their proof of immunizations, proof of physical capability, and permission to disclose health information with the BHPN. The Practitioners information must be submitted to and approved by BHPN prior to the Practitioner being able to render Services to BHPN Clients.

- **Changing Status:** When a Practitioner change their names, roles/positions, service areas, and/or office/clinic locations, or obtain or change the status of their license or certification, the Practitioner's profile in Verity must be updated to reflect the change(s) within 3-business days of the change.

- **Exiting the Network:** When Practitioners leave your organization, and/or will no longer provide Services to BHPN Clients through your organization (even if they plan to return to service BHPN Clients in the future) Providers must update the Practitioner's profile in Verity to reflect both the end date and change the status of the Practitioner to Inactive within 3-business days of their end date.

The BHPN will issue a Unique Identifier for each Practitioner through Verity. Please use this Unique Identifier on all BHPN Invoice submissions.

See Appendix for the Verity User Guide.

Section 4: Practitioner Training Requirements

All Practitioners must have initial and ongoing Training. Providers may follow their own method and modality, but the training topics listed below are universally required throughout the BHPN. Some of the Training topics will require signatures, certification, or other proof of completion. Otherwise, you are encouraged to use a Training sign-in sheet and/or acknowledgement form to track Practitioner participation. *See the Appendix for sample forms.*

4.a: CPR Training/Certification

Providers must show proof that your Practitioners have current and valid CPR certification and that they receive an annual review or refresher of CPR Training.

4.b: First-Aid Requirement

Practitioners must have immediate access to first-aid supplies with basic understanding of first-aid procedures.

4.c: OSHA & Infection Control

Providers must show evidence that Practitioners have received OSHA Training, including Infection Control, upon hire and annually thereafter, as well as maintain signed documentation that the training was provided. The Training must include:

- Infection prevention and control procedure
- Appropriate use of standard/universal precautions
- Personal Protection from Occupational Exposure to Blood Borne Pathogens; and
- Personal Respiratory Protection Program as part of a tuberculosis exposure control plan.
- Guidelines for addressing these procedures with clients, practitioners, and other stakeholders

For resources on OSHA Training, visit:

- OSHA Website: https://www.osha.gov/
- OSHA Training Resource: https://www.osha.gov/Publications/osha2254.pdf

4.d: Client Safety/Personal Safety (Emergency Procedure Plan)

Providers must show evidence that Client Safety/Personal Safety Training is provided to each Practitioner upon hire and annually thereafter. The Training must include training on the Provider's Emergency Procedures for each of the following:

- Fires & Evacuation
- Bomb threats
- Natural disasters (earthquakes)
- Utility failures
- Medical emergencies
- Violent or other threatening situations
- Client Elopement
- Reducing physical risks
- Identification of unsafe environmental factors

4.e: Reportable Events/Incident Reporting

Providers must show proof that Reportable Events/Incident Reporting Training is provided to your Practitioners upon hire and annually thereafter. Training must include:

- Preventing incidents
- Identification of incidents
- Reporting of incidents
- Remedial action
- Documentation of incidents
- Timely debriefing

4.f: Confidentiality/HIPAA

Providers must ensure that Practitioners receive Confidentiality/HIPAA Training upon hire and annually thereafter and maintain the Practitioners' written acknowledgement of receipt. The Training must include:

- Basic applicable HIPAA and Privacy Regulations/Laws
- Review of the Notice of Privacy Practices provided to Clients
- Confidential record storage, transfer, and maintenance Policy and Procedure
- Confidential communications
- Any policies and procedures related to confidentiality/HIPAA and privacy

For more information, please visit:

- **U.S. Department of Health and Human Services**
  - http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html
  - https://www.hhs.gov/hipaa/for-professionals/training/index.html

4.g: Compliance and Ethics:

Providers must provide Compliance Training for each Practitioner at hire and annually thereafter. This training covers laws, regulations and company policies that apply to your employees' day-to-day job responsibilities and helps you:

- Avoid and detect healthcare fraud, waste, and abuse
- Detect employee violations
- Create a more hospitable and respectful workplace
- Lay the groundwork for a defense if employee wrongdoing occurs

4.h: Child/Dependent Adult/Elder Abuse/Domestic Violence (Mandated Reporter)

Providers must ensure that Child/Dependent Adult/Elder Abuse (Mandated Reporter) and Domestic Violence Training is provided to all Practitioners upon hire and annually thereafter, and the Practitioners' complete a written acknowledgement of receipt. The Training must include:

- Definition & Responsibility of a Mandated Reporter
- Basic information on child abuse, neglect, elder abuse, and domestic violence
- Procedure for reporting suspected abuse, neglect, or domestic violence
- State and federal laws related to mandated reporters

4.i: Hazardous Materials/Prop 65
Providers must show evidence that Hazardous Materials and Prop 65 Training is provided to your Practitioners upon hire and annually thereafter. Training should provide information regarding any hazardous materials they may encounter on the job, as well as procedures for handling, disposing and notification.

4.j: Advance Directives
Providers must show evidence that Training regarding Advanced Directives is provided to all Practitioners upon hire and annually thereafter.

4.k: Client Rights
Providers must show proof that Client Rights information and training is provided to Practitioners prior to working with Clients and annually thereafter. These rights must also be shared with Clients at enrollment and reviewed annually:

- Legal rights
- Access to records
- Access to referrals (e.g. self-help, advocacy, legal entities, etc.)
- Freedom from abuse, exploitation, retaliation, humiliation and neglect
- Information on investigation and resolution of alleged infringements of rights
- Informed consent or expression of choice regarding release of information, service delivery and composition of service delivery team and concurrent Services
- To be provided, on request, an accurate and current set of professional credentials of Practitioners working with the Client
- Ability to lodge complaints about professional practices of the Practitioners through the applicable professional licensing/credentialing board.

4.l: No Client Solicitation
Providers must show proof that No Client Solicitation information is provided to Practitioners upon hire and annually thereafter.

4.m: Competency-Based Training
Providers must show proof that Practitioners receive regular Competency-Based training such as training on identified clinical competencies (assessing clients, providing effective reinforcement, etc.) and current or emerging best practices in the field.

4.n: BHPN Training (encouraged):
BHPN offers the following training ongoing and it is highly encouraged that all BHPN Practitioners attend each of the following at least annually.

- Balance Series
    - Practitioner-Centered Supervision – A Discussion on Ethics and Stress Management
    - Resiliency – How to be Resilient and Build a Resilient Team
    - Mindfulness Basics for the ABA Practitioner
    - Escalated and Dangerous Behavior: Implementation for Staff and Caregivers
    - When to ‘Handle’ Problem Behaviors
- Practitioner QA Refresher

- Clinical Documentation
- Mandated Reporting of Child Abuse & Neglect
- Monthly CEU Sessions on various competency-based topics (qualifies for requirements of Competency based Training)

Section 5: Incidents and Sentinel Events

The BHPN Services include community-based service models which require staff to be in the community working with challenging behaviors. This increases the possibility that incidents will occur occasionally. We are committed to preventing major incidents by providing strength-based Services, careful planning and thorough staffing patterns. However, if a Reportable Event occurs, they must be documented and submitted to the BHPN.

5.a: Reportable Events Form

Providers must maintain a Reportable Event Form template to be used should a Reportable Event occur. A sample/template is available in the Appendix, that Providers are welcome to utilize. If a Provider would like to use a different form, they are welcome to do so, as long as all fields on the template are represented on the Provider's form.

Reportable Event Forms do not replace clinical documentation. Please be sure that session documentation is still completed for sessions involving an incident. If more than one Client is involved, separate Reportable Event Forms are required to ensure confidentiality. Each report should not include identification of the other Client.

5.b: Reporting Incidents and Reportable Events

When a Reportable Event occurs, Providers shall:

1. Ensure that any staff witnessing or acknowledging a suspicious or adverse event complete a Reportable Event Report Form on the same day the incident occurs.
2. Ensure a supervisor reviews the completed report and recommends resolution before submitting the completed report to the BHPN.
3. Take remedial action based on the severity of the incident whenever a staff member is found to be negligent or if staff error contributed to the incident.
4. Send the completed Reportable Event Form to the BHPN within 2 business days of the date of the Reportable Event.

5.c: Sentinel Events

A Sentinel Event is any unanticipated event in a care setting resulting in death or physical or psychological injury, or the risk thereof, to a Client or Clients, not related to the natural course of the Client's condition. Sentinel Events also include reports, suspicions, or concerns about potential misconduct by any practitioner working with BHPN clients.

Sentinel Events must be verbally reported to the BHPN within 2 business hours of learning of the Event. A Provider shall complete and submit a Reportable Event Form to the BHPN by the end of the same business day.

If a practitioner or provider has any questions about a reportable event or incident, the severity of the event, and/or what action steps might be needed, please contact your BHPN CCM immediately.

5.d: CA Mandated Reporting

All individuals working with BHPN Clients are Mandated Reporters and must comply with the legal and ethical requirements as set forth in Penal Code Sections 11164-11174.3 (Child Abuse), and each profession's Ethical Conduct Guidelines. All individuals working with BHPN Clients are expected to know, understand and follow State and Federal laws regarding all mandatory reporting requirements and the related ethical standards that pertain to their profession.

In accordance with state and federal law, the BHPN requires that individuals who suspect or know of child abuse and/or neglect, report it to Child Welfare Services or law enforcement immediately, or as soon as practical. The individual must also submit a written Suspected Child Abuse Report form to the agency which they notified within 36 hours of the initial notification.

Suspected Child Abuse and/or Neglect is considered a Sentinel Event and must be verbally reported to the BHPN within 2 business hours of learning of the Event. A Provider shall complete and submit a Reportable Event Form to the BHPN by the end of the same business day.

Section 6: Clinical Documentation Standards

As a behavioral health provider in the medical model, Providers must keep thorough, methodical records of the symptoms, diagnoses, and treatments they provide. This will help Providers maintain the best care possible and to support subsequent treatments. Medical record keeping is also a critical legal and compliance responsibility of any organization providing health services.

6.a: General Management of Client Records

The best practices outlined below should always be followed:

- Organize and divide records into sections for ease of location and referencing
- Organize records sequentially and by date
- Fasten records together to avoid loss or being misplaced. No loose papers or sticky-sheets in the chart (stapling is acceptable)
- File session notes in clinical records
- Enter information legibly (including name, signature and credentials)
- Use only black or blue ink
- Include Client identification (name or identification number, etc.) on every page
- Do not use names of other Clients in the record (may use initials or similar method of preserving other Clients' identities)
- Record information specific to each individual. Avoid cutting and pasting from other records
- Be direct and objective. Do not use philosophical statements
- Correcting errors: Draw a single line through the error, enter correct information, initial and date the correction. Do not use correction tape/fluid, scribble over, etc.
    - Only original authors may make alterations.
    - Reviewers or supervisors may not edit original authors but may supply an addendum with dated signature.

6.a.1: Client Record Storage

Clinical records contain Protected Health Information (PHI) and/or Personally Identifiable Information (PII) covered by both state and federal confidentiality laws. You are required to safeguard records against loss, defacement, tampering or use by unauthorized persons.

The BHPN requires that paper clinical records be stored in a "double locked" manner (e.g., in a locked filing cabinet located within a locked office). If records must be transported, maintain the "double locked" and safeguarding requirement (e.g., transported in a locked box in a locked vehicle trunk. Do not leave records in an unattended vehicle). Client records must always be secured (according to the requirements noted above) and in your possession or the Practitioner's. Client records must never be left in a Client's home for any reason. This includes treatment data taken during sessions.

The following record storage procedures are consistent with good clinical practice:

- A controlled record check-out or retrieval system for access, accountability and tracking
- A safe and confidential retrieval system for records that may be stored off-site or archived
- A secure filing system (both physical and electronic safeguards used, when applicable). See above regarding "double locked" storage.

6.a.2: Electronic PHI/PII

Providers must use appropriate administrative, physical and technical safeguards, and comply with the Security Rule and HIPAA Security Regulations. It is recommended that each Provider consult with an IT expert knowledgeable about HIPAA/HITECH requirements and NIST compliance standards for protection of PHI/PII.

6.a.3: Client Record Retention

Clinical records must be preserved for a minimum of 10-years following the termination of the BHPN Provider Agreement, with the following exceptions:

- **Minors**: records must be kept for the longer of: (i) 10 years from the termination of the BHPN Provider Agreement or (ii) 1 year after such minor has reached age 18.

- **Third Party:** If a Provider uses a third party to perform Services, the Provider must require the third party to follow these same standards.

- **Audits:** Records shall be retained beyond the 10-year period if an audit involving those records is pending, until the audit findings are resolved. The obligation to maintain records beyond the initial 10- year period exists only if the BHPN notifies the Provider of the commencement of an audit prior to the expiration of the 10-year period.

- **Provider Out of Business:** In the event a Provider goes out of business or no longer provides behavioral health Services, the Provider is still obligated to make arrangements that will assure the accessibility, confidentiality, maintenance, and preservation of clinical records for the minimum retention time as described above.

6.a.4: Client Record Destruction

Records may only be destroyed once they meet the Client Record Retention criteria. Clinical records are to be destroyed in a manner to preserve and assure Client confidentiality.

6.b: Medical Necessity

Healthcare Services in the medical model must always meet what we call "medical necessity" to ensure that Clients receive only care that they need. Medical necessity is essentially the determination by a healthcare professional as to what medical Services are required for a specific Client for them to return to the most realistic level of functioning possible.

BHPN authorizes Services based on Medical Necessity. All elements of Services, including treatment type, hours recommended and received, supervision ratios, and schedules must be medically indicated.

Relevance of Medical Necessity for Clinical Documentation

- Initial assessment documentation establishes Medical Necessity (MN).
- Initial Client plans are based on the initial assessment. A signature of a Qualified Autism Service Provider on the Plan is attestation that MN is met.
- Progress reports support ongoing MN.
- Session Notes must contain evidence that the Services claimed meet MN. Claim submission constitutes attestation that this requirement is met.

Medical Necessity is determined by the following factors:

1. Medical Necessity means treatment goals are achievable.

AND

2. Treatment and interventions are likely to increase the ability of the Client to be able to live more independently (e.g. go out shopping with a caregiver, live in a group home with others, sit in a dental chair at the dentist to get teeth cleaned, attend school and play on the playground with peers), and those interventions require a behavioral health professional/Practitioner to provide them.

AND

3. Goals/objectives are not better addressed by other Services (examples: Day Rehab, School, Special Education, etc.)

6.c: Session Note Documentation Requirements

Session Notes are a critical part of a Client's treatment, as they document the Services provided and support communication across the treatment team. This section outlines the requirements of Session Notes to ensure that documentation is timely, accurate, and complete. BHPN audits session note documentation at least annually, and more frequently as needed.

Timelines for Completion of Session Notes

Timely documentation ensures continuity of care by providing a written record that gives all Practitioners supporting a Client access to information relevant to the Client's care.

All Providers and Practitioners shall complete, sign, and finalize Session Notes on the same day the Service was rendered or as soon as reasonably possible thereafter, and no later than the next working day following the date of service.

Required Elements of Session Notes

Session notes must include all the following information:

Direct Session:	Indirect Session:
Client Name	Client Name
Date of Service	Date of Service
Session Start Time	Session Start Time
Session End Time	Session End Time
Total Number of Units	Total Number of Units
Service Location	Service Location
Procedure Code	Procedure Code
Description of Session	Description of Session
Practitioner Name and Credential	Practitioner Name and Credential
Practitioner Signature	Practitioner Signature
Responsible Adult Printed Name	
Responsible Adult Signature	

Session Note Element Definitions and Criteria

Client Name: The Client name must be on every page of clinical documentation. This is to ensure that the Client's record is always intact and that pieces of the record are not lost. The Client's name should always be formatted as "Last Name, First Name."

Date of Service: The date of service is the calendar date that the Service was rendered/ provided to the Client, or on behalf of the Client for Indirect Sessions.

Session Start Time: The start time of the Session must be represented on each Session Note. The start time must be the time that the Session actually started (not the time it was scheduled to start).

Session End Time: The end time of the Session must be represented on each Session Note. The end time must be the time that the Session concluded (not the time it was scheduled to end).

Total Number of Units: Each Session Note must include the number of units that the Session duration totaled. The number of units must align with the Session start-time, the Session end-time, and the number of units billed for the Service.

Service Location: The location at which the Service was provided must be included on each Session Note. Categories of service locations may be used (i.e., Home, Office, Field/Community).

Procedure Code: The Procedure that was rendered must be documented on the Session Note. Please see Section titled "Procedure Codes" in Section 6 for additional information.

Description of Session: Each Session Note must include a description of what took place during the Session. The description of the Session can be represented in data obtained during the Session and/or a narrative summary of the interventions. All descriptions of Sessions must include what billable (if billing for the service) clinical intervention was provided to the Client and how the Client responded to that clinical intervention. All Session Notes must meet medical necessity (please see section titled "Medical Necessity").

Practitioner Name and Credential: The legal name of the Practitioner that rendered the Service to the Client must be noted on the Session Note, in addition to that Practitioner's Credential which should immediately follow the Practitioner's name. The Practitioner that rendered the Service must align to the Practitioner that the Service is billed under. Please see Section titled "Practitioner Management" for additional Practitioner requirements.

Practitioner Signature: The treating Practitioner must sign the Session Note to attest that they rendered the Service and that the information in the Session Note accurately reflects what took place during the Session.

Responsible Adult Signature: If applicable, the Responsible Adult present during the Session must also sign the Session Note to acknowledge and attest that the Session took place as documented in the Session Note.

Responsible Adult Printed Name: If applicable, the Responsible Adult signing the Session Note must also have their name printed so that the Responsible Adult's name is legible to a reviewer.

6.d: Procedure Codes

Each Service rendered to or for a Client must be authorized and medically necessary. Acceptable procedures are listed below, with a description of what each procedure entails and which Practitioners are eligible to render the procedure. ***All services billed must meet medical necessity.***

PROCEDURE CODE	PROCEDURE	PROCEDURE DESCRIPTION	PRACTIONERS ELIGIBLE TO PERFORM PROCEDURE:
H0031	ABA Assessment	Initial assessment and development of initial treatment plan	Qualified Autism Service Provider
96150 / 96156	Social Skills Group Assessment	Assessment of Client Needs for Social Skills Group Services.	Qualified Autism Service Provider
H0004	ABA High-Level Supervision	Case coordination between the treatment team and/or parents/caregivers to discuss treatment modifications, or Transition or discharge reassessments and treatment plan updates (clinical; not administrative)	Qualified Autism Service Provider
H0032	ABA Mid-Level Supervision	Observational behavioral follow-up assessment for supervised field work of behavior technicians, teach/implement a new or modified technique from the treatment plan	Qualified Autism Service Professional
H2014	Social Skills Direct Treatment	ABA interventions delivered per ABA treatment plan protocol in a group setting (direct hands-on group ABA services)	Qualified Autism Service Provider * BCaBA or Master's Level Practitioner for select group types.
H2019	Direct ABA Treatment	One-on-one ABA interventions delivered per ABA treatment plan protocol (direct hands-on ABA Services)	Qualified Autism Service Paraprofessional
92507	Speech/Language Therapy	Designs and provides one-on-one treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.	Licensed Speech/Language Pathologist
92508	Speech/Language Group Therapy	Designs and provides group treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.	Licensed Speech/Language Pathologist
97535	Occupational Therapy	Designs and provides treatment for pervasive developmental disorder or autism, provided the Services are within the experience and competence of the Practitioner.	Licensed Occupational Therapist

The following sections outline additional criteria of each Procedure.

6.d.1: Assessment

Procedure Code
- Assessment: H0031

Procedure Definition
Assessment is a Service activity that includes the clinical analysis of the history and current status of a Client's behavioral disorder, relevant cultural issues and history, and the use of testing procedures.

Eligible Practitioners
- Qualified Autism Service Providers (please see section titled "Practitioner Requirements")

Procedure Overview
- Development of individualized treatment plan by the Qualified Autism Service Provider. Assessment may include:
  - Direct observation and measurement of Client behavior in structured and unstructured situations;
  - Review of file information about client's medical status, prior assessments, prior treatments;
  - Stakeholder interviews and rating scales;
  - Review of assessments by other professionals;
  - Determination of baseline levels of adaptive and maladaptive behaviors;
  - Functional behavior analysis.
  - Administration of standardized and non-standardized tests, detailed behavioral history, interpretation of test results
  - Documented Assessment Report
  - Development of individualized treatment plan

Assessment Requirements
Assessments must:
- Be conducted over a minimum of two observations on two different dates.
  - Any in-person assessment appointments require a session note documenting the appointment, and a parent signature verifying that the appointment occurred.
- Include all domains of assessment, as outlined in the Report Templates.
- Conclude with an Assessment Report authored by a Qualified Autism Service Provider on the BHPN Assessment Report Template (see Appendix).

6.d.2: High-Level Supervision

Procedure Code

- High-Level Supervision Sessions: H0004

Procedure Definition

High Level Supervision is the provision of clinical direction, case oversight, case supervision, and treatment oversight for a Client's case.

Practitioners Able to Render High Level Supervision

- Qualified Autism Service Providers (please see section titled "Practitioner Requirements")

Procedure Overview

- Creating a client's treatment plan based on assessment information and client's identified strengths and needs.
- Providing direct clinical coaching and feedback to the Client/family members to promote treatment progression, generalization and maintenance.
- Collaboration between the treatment team and parents/caregivers resulting in treatment modifications.
- Adjusting treatment goals, protocols, and plans based on clinical data.
- Transition or discharge reassessments and treatment plan updates (clinical; not administrative).
    - Transition & Discharge planning that results in a Transfer or Discharge Report can be billed if the report is reviewed with the client/family at time of discharge.
- Crisis intervention.

High-Level Supervision Requirements

All services rendered must:

- Meet Medical Necessity
- Be in line with treatment goals on the approved and authorized treatment plan
- Be provided at least once per month to each Client, as authorized
- Be at least 50% face-to-face (direct) with the Client/family
- The maximum number of units that can be billed for Clinical Report updates and treatment plan updates each authorization period is 3-hours (across all practitioners and procedure codes)

6.d.3: Mid-Level Supervision

Procedure Codes
- Mid-Level Supervision Sessions: H0032

Procedure Definition
Mid-Level Supervision is the provision of clinical support, treatment planning support, and case oversight support under the direction of a Qualified Autism Service Provider.

Practitioners Able to Render Mid-Level Supervision
- Qualified Autism Service Provider (please see section titled “Practitioner Requirements”)
- Qualified Autism Service Professional (please see section titled “Practitioner Requirements”)

Procedure Overview
- Selection of treatment targets in collaboration with family members and other stakeholders
- Development of written protocols for treating and measuring all treatment targets
- Training family members and other caregivers to implement selected aspects of treatment plan.
- Providing direct clinical coaching and feedback to the Client/family members to promote treatment progression, generalization and maintenance.
- Collaboration between the treatment team and parents/caregivers resulting in recommendations for treatment modifications.
- Ongoing, frequent review and analysis of direct observational data on treatment targets.
- Modification of treatment targets and protocols based on data.
- Recommending changes to treatment goals, protocols, and plans based on clinical data.
- Coaching the implementation of a new or modified technique from the treatment plan.

Mid-Level Supervision Requirements
All Services must:
- Meet Medical Necessity
- Be in line with treatment goals on the approved and authorized treatment plan
- Be at least 50% face-to-face (direct) with the Client/family
- Be overseen by a Qualified Autism Service Provider
- The maximum number of units that can be billed for Clinical Report updates and treatment plan updates each authorization period is 3-hours (across all practitioners and procedure codes)

6.d.4: Direct Intervention

Procedure Code

- Direct Intervention (Individual): H2019

Procedure Definition

Direct Intervention is the activity of running treatment interventions with the Client, and family/caregiver(s), as recommended by the treatment plan.

Practitioners able to render Direct Intervention

- Qualified Autism Service Provider (please see section titled “Practitioner Requirements”)
- Qualified Autism Service Professional (please see section titled “Practitioner Requirements”)
- Qualified Autism Service Paraprofessional (please see section titled “Practitioner Requirements”).

Procedure Overview:

- Carry out treatment protocols according to the treatment plan.
- Record data on treatment targets.

Direct Intervention Requirements

Services must be:

- Face-to-face (direct) with the Client
- Meet Medical Necessity
- Be in line with treatment goals on the approved and authorized treatment plan.

6.d.5: Group Intervention

Procedure Codes
- Group Intervention: H2014
- Social Skills Group Assessment: 96150

Procedure Definition
Group Intervention (Skills training and Development) is the activity of running treatment interventions in group settings to improve and develop social skills, as recommended by the treatment plan.

Practitioners able to Facilitate Direct Intervention
- Qualified Autism Service Provider
- A BCaBA or a relevant Master's (Psychology, Social Work, Marriage & Family Therapy) Level Practitioner who has training in the modality of the Group's services and for whom Group services are within their scope of practice
- Additional practitioners may be added as needed; however, one facilitator must be one of the providers above. Additional practitioners can be a paraprofessional (e.g. one BCaBA and one RBT for groups over 4 clients).

Procedure Overview:
- Carry out group-based treatment protocols according to the treatment plan.
- Recording data on group-based treatment targets.

Requirements of Group Intervention
- Please see Social Skills Group Toolkit in the Appendix for requirements of Social Skills Groups.

6.d.6: Speech Therapy

Procedure Code

- Speech/Language Therapy: 92507 (Individual)
- Speech/Language Therapy: 92508 (Group)

Procedure Definition

All speech therapists hold Certificates of Clinical Competence (CCC's) by the American Speech Language and Hearing Association. Therapy techniques are evidence-based and aimed at improving receptive, expressive, and pragmatic language skills. Client-specific goals are developed and therapy structure, methods, techniques, and materials are individualized. Family involvement is central to our philosophy.

6.d.7: Occupational Therapy

Procedure Code

- Occupational Therapy: 97535

Procedure Definition

Occupational therapists work with the Client and family to encourage active participation within activities of daily living, including activities that facilitate play skills, self-help skills, learning and social development. Our experienced occupational therapists can assist in improving skills related to social and interpersonal skills, cognitive skills, motor development, and sensory processing/integration.

6.d.8: Billable & Non-Billable Services

As healthcare professionals, we provide many important services throughout a client's case. Billable services are those that include a clinical intervention that meet medical necessity. Non-Billable services are those that may be necessary to maintain a client's case and treatment fidelity, but that do not include a clinical intervention that is medically necessary. Examples of non-billable activities include, but are not limited to: reviewing data (with no changes to the treatment plan), attending IEP meetings, observing sessions with no client/family interaction, changes made to treatment plan or programming, creating materials, building rapport, etc. Please see Appendix for the Clinical Documentation Training.

6.e: Clinical Reports

Clinical Reports are any report (Assessment, Progress, Addendum, Transfer, Discharge) that is written for a client to support initial and ongoing assessment and treatment. Criteria and guidance for Clinical Reports can be found in the Report Writing Guide in the Appendix.

6.e.1: ABA Clinical Reports

Timing

- Assessment Reports:
  - Assessment Reports are due to the BHPN no later than 30 calendar days after the authorization is received.
- Progress Reports:
  - Progress Reports cannot be written more than 45 calendar days prior to the end of the authorization and must include treatment data up through 45 calendar days prior to the end of the authorization.
  - Progress Reports are due to the BHPN 30 calendar days prior to the end of the authorization.
- Addendum Reports:
  - Addendum Reports should be submitted and approved by BHPN prior to the change(s) being implemented.
- Transfer & Discharge Reports:
  - Transition & Discharge Reports are due to the BHPN within 10-business days of the last date of treatment.
  - Charges are not accepted after the Last Direct Service.

Any requested edits by the BHPN must be made, and the report resubmitted, within 1 business day for administrative revisions and 3 business days for clinical revisions.

All Clinical Reports must meet the following criteria:

- Must be on the appropriate BHPN Report Template (see Appendix).
- Must meet all criteria outlined in the Report Writing Guide (see Appendix).
- Ensure you have the client and family's approval and input incorporated into the report and share a copy of the approved report with the client and family.
- The maximum number of units that can be billed for the progress report updates and treatment plan updates each authorization period is 3-hours (across all practitioners and procedure codes)

Submitting Clinical Reports

- Clinical Reports should be submitted via email to theBHPN@theBHPN.org in PDF format.
- Subject line of the email should read "[Report Type] Report for FiLa (First two letters of first name, First two letters of last name) PHI".
- Include in the body of the email the Client's name and the date of the authorization expiration

6.e.3: Therapy Progress Reports

If Therapy Services are recommended to continue, a reauthorization is required, and a Progress Report must be created and submitted. All Progress Reports generated for reauthorization purposes are reviewed by BHPN prior to submission to the funding source. *If Services are not recommended to continue, please follow the discharge report process outlined in section 6.5.C.*

Therapy Progress Report Templates
The Therapy Progress Reports must be submitted on the Kaiser Permanente template, available in the Appendix.

Therapy Progress Report Timelines

- Progress Reports are due to the BHPN 35-calendar days prior to the end of the current authorization.
- Any requested edits by the BHPN must be made, and the report resubmitted, within 1 business day for administrative revisions and 3 business days for clinical revisions.

Submitting a Therapy Progress Report for Re-Authorization

- Ensure you have the client and family's approval and input incorporated into the report and share a copy of the final report with the client and family.
- Progress Reports should be submitted via email to theBHPN@theBHPN.org in Word format. Providers may also send a PDF version (in addition to the Word version) if they choose.
- Subject line should read "ST/OT/PT Progress Report for FiLa (First two letters of first name, First two letters of last name) PHI."
- Include in the body of the email the Client's name and the date of the authorization expiration.

Section 7: Claims and Billing Standards

7.a: Invoice Process

Invoices for billable Services are submitted to the BHPN for payment. The BHPN will verify that the Services were provided in compliance with the authorization issued by the payer for each Client. All practitioners and administrative staff must ensure that services are billed accurately and in accordance with the actual Services rendered.

BHPN's billing/service week is defined as Sunday- Saturday.

Due dates for semi-monthly billing:

Session Date Range:	Invoice Submission Due
1st through 15th of month	23rd of the same month
16th through end of month	8th of the following month

7.a.1: Timely Filing

Timely billing is critical to prevent fraud, waste, and abuse and to ensure that clients receive accurate statements in a timely manner. Invoices for billable services must be submitted to the BHPN for payment within 165-calendar days of the date of service. Any invoices for services received after 165-calendars days of the date of service will be denied.

7.a.2: Invoicing

- Use the BHPN Invoice Charge Spreadsheet Template provided by the BHPN.
- Submit only one invoice for each billing period.
  - Invoice Cover Sheet – complete areas in green (units and amount billed will populate automatically from invoice template)
- Authorizations with weekly services start from Sunday to Saturday.
- Services can only be provided as described in the authorization. Hours cannot be rolled over from one month to the next.
- Submit your invoice to: chargeimport@theBHPN.org. It is important to send any new charge submissions from an original email.
- All services must be submitted to BHPN for payment within 5 ½ months of the service date.

7.a.3: Tips for Submitting Clean Invoices

- **Time Stamps:** Time stamps on charges (excluding H2014 charges) shouldn't overlap for a Practitioner on any one day.
- **Session ID:** Session IDs must be unique for each charge. Consider including the invoice number in each session ID to tie the charge on the EOB back to its original submission (YYMMAseq1, YYMMAseq2, etc.) and to avoid duplication.
- **Modifiers:** Modifiers aren't needed on ABA Services.
- **Units:** Confirm that all units equal the time difference between start time and end time.
- **Time and date fields:** Check time and date fields for correct format. Copying and pasting values into the spreadsheet will maintain the original format.

7.a.4: Assessment Charges

- The date of service on the assessment charge is the date the assessment report was initially submitted to the BHPN.
- Since assessments are processed as a one-time payment, only one charge line should be submitted for each assessment.
- Assessments will stay in “Review” status until the Assessment Report has been approved. Once the assessment report is approved, the assessment will be processed for payment.
- Assessments should be submitted as a direct charge.

7.a.5: Payment

- Payment will be made within 30 calendar days of receipt of the invoice.
- The BHPN reviews invoice submissions before processing.
- Invoices with blank required fields, or improperly formatted throughout the spreadsheet, will be returned for resubmission.
- Resubmitted invoices will follow the 30-calendar day payment period.
- Charge correction returns should not affect original payment date.
- Charges in reject status at time of payment will be available for correction to be included in the following payment.
- An Explanation of Benefits including charge detail will be emailed prior to payment.

7.a.6: Additions

- Additions should be included with the charges for the next billing cycle after they have been discovered.
- Dates of service on the additions must not exceed 5 ½ months of submission date.

7.a.7: Charge Corrections

- Charges in Process
  - Make corrections directly to the reject file emailed from the BHPN.
  - If a charge is invalid, change the status of that charge from “rejected” to “closed”.
  - Return the corrected reject file by replying to the rejected charge file email.
  - Dates of service on corrections must not exceed 5 ½ months of date corrected file is returned.
- Processed Charges
  - Charge corrections: Send an email to chargeimport@theBHPN.org describing updates.
  - Charge corrections involving date of service, unit count, procedure code and session type (direct/indirect) must be submitted within the 5 ½ month period between date of service and charge correction date.

7.b: Invoice Investigations

7.b.1: Invoice Investigation Process

- Client questions or disputes regarding Sessions and charges will be handled by the BHPN.
- The BHPN will contact Providers to verify Sessions billed.
- Providers are expected to respond within 48 hours of the request with a copy of the Session Verification Documentation
- The BHPN will process an Invoice Adjustment for overpayment if documentation is not provided, the documentation does not match the billing information submitted to the BHPN, and/or the Session Verification Documentation is missing any of the required elements.

7.c: Invoice Adjustment Process

- If the BHPN determines there has been an overpayment, a credit memo will be issued and will include the following information:
  - Original payment check and duplicate payment check (if applicable)
  - Reason for the credit memo
  - Amount of the credit memo

- Providers are asked to respond to the credit memo indicating that you agree with the overpayment or provide additional documentation to support the original charge.

- A credit memo will be deducted from the Provider’s next payment following:
  - Acceptance of overpayment from the Provider
  - Final determination by the BHPN
  - Or, if the Provider fails to respond within 15-calendar days.

7.d: No Surcharge Policy

- Providers may not bill the BHPN or any Client for scheduled Sessions in which the full Services are not provided (e.g., cancellations, incomplete Service).
- Providers may not charge fees to Clients or Client Representatives for any reason.
- No charges are permitted for any sessions or work that takes place after the last Direct Session when a client Transfers or Discharges.

Section 8: Required Policies and Procedures

No matter the industry, every organization needs policies and procedures to operate effectively. Behavioral healthcare policies are vitally important in setting a general plan of action to make decisions, obtain desired outcomes and create a foundation for the delivery of safe, effective, high-quality care. Each Provider in the BHPN must have the following Policies and Procedures, as noted below:

8.a: Required Written Policies

Definition of a Policy: Policies convey the organization's formally approved values, guiding principles, legal and regulatory requirements, and/or courses of various activities. As a part of the BHPN, Providers must have the following written policies in place.

8.a.1: Notice of Privacy Practices

As a Covered Entity, BHPN Providers are required to follow all HIPAA Privacy & Security Requirements. In accordance with HIPAA Privacy and Confidentiality laws, Providers shall maintain a Notice of Privacy Practices at all times. This notice and policy must comply with all legal and regulatory requirements, such as HIPAA and California Health Information Privacy Laws. This notice and policy must be reviewed with all Clients/families at the time the Provider begins rendering Services and annually thereafter and must be posted in the Provider's Clinic.

Please visit Health & Human Services for additional information on HIPAA:
https://www.hhs.gov/hipaa/for-professionals/index.html

8.a.2: Client Records Policy

To ensure that each Client has a complete and accurate medical record, Providers shall maintain a Policy on what documents constitute the Client's medical record, the creation of Client records, timeframes for clinical documentation, security and maintenance of client records, and preservation of client records. Policies and Procedures should meet the minimum requirements outlined in the Management of Clinical Records Section of this manual.

8.a.3: Security and Maintenance of Administrative Records

Providers shall maintain a Policy on how they secure and maintain administrative and business records.

8.a.4: Financial Management

Providers shall maintain a Policy on Provider's efforts toward financial responsibility and solvency. At a minimum, the Policy should address creation of an annual budget and the completion of an annual review or audit of financial statements. The Policy should include adherence to established accounting principles and business practices and should apply to financial activities in which the Provider engages. Resources for creating Fiscal Policies & Procedures can be found at:

- https://blueavocado.org/finance/accounting-procedures-manual-template/
- https://www.compasspoint.org/sites/default/files/documents/Guide%20to%20Fiscal%20Policies%20and%20%20Procedures.pdf

8.a.5: Client and Family Grievances

Clients, and those involved in Client treatment, have the right to submit a Complaint regarding Services received. Providers are required to maintain a policy on how their organization manages Complaints. The policy must direct all clients to file complaints with the Funder of Services- theBHPN or the Client's Health Plan. The policy must also clearly state that filing a complaint or grievance will not result in retaliation or barriers to Service. This Policy must be reviewed with all Clients/families at the time the Provider begins rendering Services and annually thereafter.

8.a.6: Client Rights

Providers shall maintain a written Policy on the rights of their Clients, including all of the following rights:

- Access to records
- Access to referrals (e.g. self-help, advocacy, legal entities, etc.)
- Freedom from abuse, exploitation, retaliation, humiliation and neglect
- Information on investigation and resolution of alleged infringements of rights
- Informed consent or expression of choice regarding release of information, service delivery and composition of service delivery team and concurrent Service
- To be provided, on request, an accurate and current set of professional credentials of therapists working with the client
- To be provided information on how to lodge complaints about professional practices of the therapists through the applicable professional licensing/credentialing board

This Policy must be reviewed with all Clients/families at the time the Provider begins rendering Services and annually thereafter.

8.a.7: Drug and Alcohol Use

Providers shall maintain and enforce a written Policy that addresses the need for clients, staff, and/or other caregivers present during a treatment session to refrain from the use of drugs, alcohol, narcotics, smoking, or any other substance that may impair judgement. This Policy must be reviewed with all Clients/families at the time the Provider begins rendering Services and annually thereafter.

8.a.8: Client Sickness

To protect Clients and staff, Providers shall maintain and enforce a Policy on Client Sickness, which must clearly outline when Sessions should be canceled due to Client or family illness, and any associated time periods in which Services should not be provided. This Policy must be reviewed with all Clients/families at the time the Provider begins rendering Services and annually thereafter.

8.a.9: Client Cancellation/Scheduling

Families with children are prone to busy schedules. Providers must maintain a policy on Client cancellations and scheduling that does not:

- Reference a cancellation fee
- Include a set number or percentage of minimum hours required to be accepted or maintained
- All minimum treatment hour decisions must be made through a clinical review of each case and be based on client-specific Medical Necessity.

This Policy must be reviewed with all Clients/families at the time the Provider begins rendering Services and annually thereafter.

8.b: Required Documented Procedures

Definition of a Procedure: A step by step description of how an activity is to be carried out and defines courses of action to ensure effective controls.

8.b.1: Background Check Verification

Providers shall maintain a written procedure on how criminal background checks and state and federal exclusion checks are conducted for all Practitioners to ensure they have no criminal convictions or sanctions. The procedure must include timeframes for conducting verifications (must be prior to service delivery and throughout the individual's employment), and actions to be taken in response to verification results. This procedure should meet the requirements outlined in Section 3 relating to Practitioner Background Checks.

8.b.2: Language Assistance

To support Clients and families from non-English speaking backgrounds, Providers shall maintain a Procedure on the provision of language assistance to non-English speakers. Information on the Kaiser Permanente (KP) Language Line, available to all BHPN Providers, is available in the Appendix.

8.b.3: Verification of Professional License/Certification

Providers shall maintain a written Procedure on their obligation to obtain a primary source verification of the licenses and/or certificates of their Practitioners. The Policy must address the timeframes for when the verification will take place (must be prior to service delivery and throughout the individual's employment), and actions to be taken in response to verification results. This Procedure should include all criteria outlined in the Practitioner Requirements Section of this manual.

8.b.4: Staff Supervision

Staff supervision is a critical element of service delivery. Providers shall maintain a written procedure on how Practitioners are clinically supervised. Supervision standards should be aligned with the supervising professional's ethical and professional guidelines.

8.b.5: Disclosure of PHI Procedure and Form

As a HIPAA Covered Entity, each Provider shall maintain a written procedure for how the Provider will release Client Records, upon request. This procedure must follow the HIPAA Privacy & Security Rules. Providers must also maintain an Authorization to Disclose PHI Form that meets HIPAA Privacy & Security Rules, not limited to: indicates the specific information to be disclosed, has a time limitation for the authorization, and is in 14-point font.

8.b.6: Use of Positive Interventions

Providers shall maintain a written Procedure that addresses the program's use of positive interventions in accordance with best practices.

8.b.7: Reportable Events

Providers shall maintain a Procedure on how the Provider and their Practitioners will document and report Reportable Events in conformance with Section 5 of this Manual. The procedure must address preventing incidents, reporting incidents, documenting incidents, timely and comprehensive remedial action to be taken in response to incidents, and timely debriefing after incidents occur.

8.a.8: Toy and Equipment Cleaning

Providers shall maintain a Procedure on the cleaning of toys and equipment used with Clients to reduce the spread of germs and communicable diseases. This procedure must be posted or readily accessible to all staff.

8.b.9: Parent Handbook/Manual

Providers shall maintain a Parent Handbook or Manual to inform Clients/families of the scope of services as well as provide information for those inquiring about services. The handbook can also contain the policies and procedures that are required to be reviewed with Clients/families. A website or information packet may also be used in lieu of a handbook.

8.b.10: Safety / Emergency Operations Plan

To ensure a safe environment of all clients, families, and practitioners, each Provider shall maintain procedures for each of their clinical facilities to address the following Safety / Emergency situations:

- Fires
- Bomb Threats
- Natural Disasters (Earthquakes, severe flooding, etc.)
- Utility Failures
- Medical Emergencies
- Violent or other threatening situations
- Evacuation procedures, including when to shelter in place

All Emergency Procedures must address, at minimum:

- Emergency Contacts (Fire, Police, Paramedics, etc.)
- Safety and Accounting of all persons involved
- Notification of appropriate emergency authorities
- Business Continuity Plan that addresses when evacuation or sheltering in place is appropriate; Temporary Shelter, when appropriate; and, identification and continuation of essential services

Resources:

- https://shnny.org/resiliency/green-housing-initiative
- https://shnny.org/images/uploads/resiliency/communications-planning/EssentialServicesAssessmentWorksheet_Organization.doc (this is a download)

8.b.11: Insurance Requirements

Providers are required to maintain proof of insurance with the following minimum requirements and list BHPN as an additional insured. Certificates of Insurance must be on-file with BHPN at all times.

- Commercial Liability Insurance
  - At least $1 Million per occurrence
  - At least $3 Million annual aggregate coverage
- Professional Liability Insurance
  - At least $1 Million per occurrence
  - At least $3 Million annual aggregate coverage
- Workers' Compensation Coverage

8.b.12: Fidelity Bond Requirement

Providers shall always maintain a fidelity bond covering each officer, director, trustee, partner and employee, whether or not they are compensated. The fidelity bond may be either a primary commercial blanket bond or a blanket position bond written by an insurer licensed by the California Insurance Director, and it shall provide for 30 days' notice to the Director prior to cancellation. The fidelity bond may contain a provision for a deductible amount from any loss which, except for such deductible provision, would be recoverable from the insurer. A deductible provision shall not be in excess of 10 percent of the required minimum bond coverage, but in no event shall the deductible amount be in excess of $100,000. The fidelity bond shall provide at least the minimum coverage determined by the following schedule. For additional information please see Health & Safety Code Section 1300.76.3.

Annual Gross Income	Minimum Coverage
Up to $100,000	$10,000
$100,000 to $300,000	$20,000
$300,000 to $500,000	$30,000
$500,000 to $750,000	$50,000
$750,000 to $1,000,000	$75,000
$1,000,000 to $2,000,000	$100,000
$2,000,000 to $4,000,000	$200,000
$4,000,000 to $6,000,000	$400,000
$6,000,000 to $10,000,000	$600,000
$10,000,000 to $20,000,000	$1,000,000
$20,000,000 and over	$2,000,000

Section 9: BHPN Client Management

9.a: BHPN Initial Assessment Process

Individuals in need of Services are enrolled as Clients of the BHPN through the Intake and Initial Assessment Process. This Process begins with an appointment, in which a BHPN Clinician reviews the Client Handbook with the potential Client and, if the Client is under 18 years of age, the Client's representative.

During the appointment, the BHPN Clinician determines each Client's schedule availability, and conducts a clinical assessment to understand the Client's need for Services, previous treatment history, family make-up, and overall strengths and challenges. This Initial Assessment is documented in an Initial Assessment Report.

Clients are referred to BHPN Providers following completion of the Initial Assessment if clinically indicated. The Client's availability and the Initial Assessment Report are provided to the assigned Provider for further assessment and/or treatment.

9.b: Criteria for Accepting New Clients

When a Provider reports having capacity, the Provider is:
1. Attesting to having the ability to offer a complete schedule to the Client, and
2. Agreeing to schedule and staff the full number of accepted hours within 10 business days from the date of accepting the Client.

9.c: Referrals

Referrals provide the written and authorized direction of a Client to receive Services from a Provider, in this case, to the BHPN from a primary care physician.

Upon referring a Client, the BHPN will send the Provider the following:
- BHPN Initial Assessment Report
- Vineland & Stress Index Results
- Completed Schedule Questionnaire
- Consent to Treatment within the BHPN (covers BHPN Providers)
- Diagnostic Evaluation (if available)
- Authorization Letter

9.d: Authorizations

A valid authorization approval from the BHPN is required for a Provider to provide Services to a Client. Authorizations still require that all Services rendered under the authorization meet medical necessity.

Reauthorization of Services is requested through a Progress Report which must be submitted to the BHPN 30 calendar days prior to the authorization expiring.

Section 10: Program and Service Requirements

10.a. Person-Centered and Strength-Based Services

BHPN believes in person-centered and strength-based services for the most effective treatment in supporting clients and families live the most independent and fulfilling lives as possible.

Person-centered and strength-based services are clinical services that identify and draw upon the strengths of clients, their families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each client and family's unique set of strengths and challenges and engages the family as a partner in developing and implementing the service plan. Person-centered and strength-based services ensure the creation of treatment plans based on specific needs and strengths, rather than fitting families into pre-existing treatment plans.

10.b: Threshold Languages

In 2003, the California Legislature passed Senate Bill 853, codified at Health and Safety Code section 1367.04, to improve health care access for non-English speaking and limited-English speaking individuals enrolled in health plans. Under the State's language assistance regulations, California health plans are required to provide language assistance services, including translation and interpretation services, to limited-English-proficient enrollees. The Department of Managed Health Care (DMHC) monitors compliance with the regulation in its routine survey process.

Threshold language requirements vary from county to county. You can download the language access standards from the Department of Healthcare Services (DHCS) here: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-008.pdf

10.c: Parent Participation Requirements

Treatment is focused not only on improving skills for our Clients, but also educating and empowering families and Parents/Guardians. Treatment plans should consider the level to which parent participation is medically necessary.

Treatment collaboration with the family should consider:

- Promotion of awareness and understanding of Autism Spectrum Disorder (ASD) and aid in the identification of appropriate resources, guide involvement/adjustment of caregivers/peers, and empower decision making
- Promotion of caregiver-centered care and ensure that information and education is relevant to the needs of the person and family
- Enabling the family to learn how to carry over treatment techniques
- Educating the Client's siblings/peers, when appropriate
- Including parent/family setting individual Service goals
- Including parent/family in Services.

10.d: Complete Schedule Offers

Providers are required to offer every Client a Complete Schedule Offer. The BHPN considers a schedule offer to be complete when the schedule offered is outside of legally mandated school hours, based on Client age and/or IEP, and it fulfills all hours authorized.

Clients may have preferences for their sessions that are more limiting than just their legally mandated schedule (i.e., school schedule). Such preferences can be considered if a Provider can accommodate them; however, these should not limit the schedule that is originally offered to a Client/family.

From time to time, a family may choose to accept fewer hours than are authorized. In these situations, Providers are expected to have a Qualified Autism Service Provider review the Client's needs and determine the minimum number of hours required for treatment in order to achieve meaningful and sustainable progress. A Provider should not, under any circumstance, determine minimum number of treatment hours without a clinical review of the Client's case.

Treatment plans must consider the number of hours the family is able to accept, and the number of hours the Provider is able to provide. When recommended and accepted hours differ, the treatment plan will need to consider what can be accomplished in the number of accepted/available hours. For example, a treatment plan based on 20 hours per week should not be attempted in the accepted 10 hours per week. In these cases, to increase positive treatment plan outcomes, the goals/objectives should be tailored to the accepted hours.

If it is the determination that the number of hours the family can accept impacts treatment progress or renders it ineffective, the Provider should contact the BHPN immediately for support with the family.

10.e: Documenting & Reporting Offer Dates:

All appointment and schedule offers must be documented in the Client's record. Providers will also provide BHPN with the following Offer Dates:

Assessment Appointment Offer:

Upon receipt of an Assessment Authorization, an offer must be made to the Client for the initial Treatment Assessment Appointment within 10-business days from the date the Provider received the Authorization or Placement. This date must be documented in the client's record as the Appointment offer date whether the client accepted the appointment or not.

> *Example: 1/5/2020: Called and spoke to client's mother. Offered 1st appointment of 1/10/2020; client's mother declined. 1st appointment scheduled for 01/25/2020.*

First Treatment Appointment Offer (includes Direct to Treatment):

Upon receipt of a Treatment Authorization, a Complete Schedule offer must be made to the Client within 10-business days from the date the Provider received the ABA Treatment Authorization or Placement. This date must be documented in the client's record as the Treatment Appointment offer date whether the client accepted the appointment or not. The documentation must also include the schedule that was offered.

Example: 01/ 05/ 2020: spoke with client's mother. Offered a first treatment date of 01/ 10/ 2020 and a treatment schedule of: Mondays from 3-5pm, Tuesdays from 4-6pm, and Thursdays from 3-7pm (total of 8 hours per week). Client's mother declined this start date and schedule. Start date was scheduled for 01/ 25/ 2020 and the schedule was set for Mondays from 4-5pm, Tuesdays from 4-6pm, and Thursdays from 4-7pm (total of 6 hours per week).

10.f: Service Continuity:

It is the expectation that Providers ensure Services are rendered as authorized and as outlined in the Treatment Plan. In the event a client is unable to receive Services as outlined in the treatment plan, for any reason, please contact BHPN to collaborate. BHPN should be contacted any time a client is not provided their full authorized hours for 2-weeks or longer. Clients away from Services for 2-weeks or longer will be placed on a 30-day hold. Clients may not be out of services for more than 30 calendar days. If this situation occurs, whether by family preference or provider need, providers should contact BHPN to initiate the discharge process.

10.g: Treatment Settings

A Client's home and a clinic are the most widely accepted setting for autism treatment, as they are likely the most natural setting to a Client and/or are most conducive to treatment. Other community settings will be considered when clinically recommended and medically necessary. Services in these environments can be conducted via telehealth if appropriate for the client and approved within the treatment plan.

10.h: Transportation

BHPN does not permit transportation of BHPN clients as part of BHPN services. In the event a client has behavior that only presents when riding in a car, a Functional Behavior Assessment is required. If it is determined that there are medically necessary goals for the behavior that can only be addressed in a car, the treatment plan must be reviewed and approved by BHPN prior to service delivery.

10.i: Client Immunizations

Providers may, but are not required to, have a policy outlining the immunizations required for client's participation in clinic-based group services. This policy should be made available to clients prior to commencing services and should be implemented consistently for all clients and all locations.

10.j: Dangerous Behaviors

Dangerous behavior definition: Dangerous behaviors are a subset of maladaptive or problem behaviors. Dangerous behaviors are severe behaviors that could result in physical injury requiring first aid or medical attention or behaviors that could result in law enforcement involvement. Dangerous behaviors do not include age appropriate behaviors such as biting in a 3-year-old or siblings hitting each other with open hands not resulting in the need for first aid or medical attention. Dangerous behaviors include the following categories:

1. Self-injurious behavior that could result in the need for first aid or medical attention (e.g. biting or hitting head)
2. Physical harm to others that could result in the need for first aid or medical attention (hitting another person with a fist or biting another person)

3. Dangerous elopement that is not age-appropriate and could result in injury (e.g. a 12-year-old running into traffic)
4. Sexually inappropriate behavior that could result in physical harm, serious complaint from others or law enforcement involvement
5. Property destruction that could result in law enforcement involvement
6. Eating food or non-food items that is not age-appropriate and could result in medical attention
7. Behaviors connected to elimination that could result in physical harm or are severely socially inappropriate
8. Other behaviors that might lead to physical harm or lead to law enforcement involvement
9. When dangerous behaviors are present Providers must indicate the type of dangerous behavior(s) in the report template. Providers are required to submit a reportable event when a dangerous behavior occurs.

There are 4 interventions that can be an antecedent for a dangerous behavior or escalate a dangerous behavior. These interventions must be approved as part of the treatment plan. The interventions are:

1. Physical prompting: Used with caution for clients 6 and over
2. Bocking: Used with caution for clients 6 and over
3. Physical restraints: Used with extreme caution
4. Intentionally evoking a behavior: Used with extreme caution and only in the context of an FBA or FA.

The exception to the above is when blocking or physical restraints are used in an emergency situation to stop a dangerous behavior. Every effort should be made to use less extreme measures before bocking and physical restraints are used. De-escalation to prevent the need to use physical restraints may include access to preferred activity or item, ending the session, enlisting caregivers, allowing the client to leave the area, and acknowledge how the client is feeling can be used to try to deescalate the behavior.

Providers must submit a Reportable Event Form if dangerous behavior occur and any time physical restraints are used. Please review the specific guidelines in the Appendix for the following situations and the full BHPN Clinical Standard on Dangerous Behavior:

- Determining Dangerous Behavior
- Physical Prompting
- Blocking
- Physical Restraints
- Intentionally Evoking Behavior

10.k: Client Restraints

BHPN defines a Restraint as the use of physical, mechanical, or other means to temporarily subdue a client or otherwise limit their freedom of movement. Restraint is used only when other less restrictive measures have been found to be ineffective to protect the client or others from injury or self-harm.

In the event a Provider identifies a need for Restraints to be used with a BHPN client, the following must occur:

- Practitioner's working with the client must be certified to conduct restraints
- Client's treatment plan must be updated to reflect this intervention, and submitted and approved by BHPN, prior to implementation of Restraints
- Client, or legal decision maker, must consent to the use of restraints before they are implemented as part of a treatment plan.
- Each time a Restraint is used, a debrief must occur with the client, family, and staff.
- Upon a Restraint being implemented, a Reportable Event Form must be submitted to the BHPN and should include the notes from the Debrief(s).

10.l: Transfers:

A Transfer occurs anytime a Provider returns a client back to the BHPN and services are still clinically indicated, but the Provider is unable to continue working with the client. When these situations occur, it is critical that Providers contact their Clinical Case Manager as quickly as possible to facilitate an effective transfer.

10.m: Discharge

The discharge planning process is expected to begin when the Client begins receiving Services. A Client completes an episode of care (is discharged) when the Client and family have obtained the necessary skills and resources to sustain improvement even after the Services conclude.

In some instances, however, it may be necessary to discharge a Client for other reasons. Please see the Appendix for the BHPN's Discharge Standards.

Please note that providers must work with Clients, their families and others involved as much as possible to resolve concerns before discharging any Client. When possible and clinically indicated, the BHPN may facilitate a Client's Transfer to another Provider for treatment.

Section 11: Health and Safety

In addition to the Safety/Emergency Operations Procedures outlined in Section 8, providers shall complete the following activities to ensure ongoing safety readiness in the event of an emergency. These requirements apply to any facilities that host or have the potential to host BHPN Clients.

Contact theBHPN@theBHPN.org to request a Clinic-Based Facility be added to your account. All Facilities must pass a BHPN Facility Check prior to clients being served on the premise.

11.a: Facility Requirements
All facilities that host or have the potential to host BHPN Clients must conform to each of the following health and safety best practices.

- Evacuation routes are posted, accessible, and understandable to clients, personnel, and other stakeholders
- Fire extinguishers have been inspected by the Fire Department within the last year
- Fire safety systems (e.g. alarms, detectors, sprinklers, etc.) are in working order
- Equipment over four feet high is bolted to the wall for earthquake safety
- Outlets are covered
- There is immediate access to Personal Protective Equipment (PPE) kits
- There is immediate access to first aid equipment and supplies
- Areas are clean with an adequate amount of materials, equipment and supplies
- There are no obvious physical safety risks (access to unsafe areas, torn carpet, etc.)
- A ramp for wheelchairs is clearly marked and in good condition
- Water fountains are wheelchair accessible
- Designated parking for persons with disabilities is clearly marked
- Bathroom facilities are accessible for persons served with disabilities
- Elevators are wheelchair accessible
- Areas are maneuverable for people with disabilities
- Training in the use of adaptive devices and equipment is provided when applicable
- Emergency Contact information on-file and readily accessible for each client seen in a clinic setting.

11.b: Health & Safety Inspections:
Ongoing monitoring of facilities is essential to ensuring the health and safety of the spaces that BHPN clients and staff utilize.

11.b.1: Internal Inspections: Providers shall conduct a comprehensive health and safety self-inspection documented by a written report of areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations. This internal inspection must be completed twice per year.

11.b.2: External Inspections: Provider shall ensure that a health and safety inspection is conducted at least annually by a qualified external authority that produces a written report of areas inspected, recommendations for areas needing improvement and actions taken to respond to recommendations. Many workers comp/liability/fire insurance carriers conduct this inspection as a complimentary service.

External Authorities may include:
- A representative of a local health department
- A licensed or registered safety engineer or safety specialist
- An engineer involved in industrial operations or plant engineer familiar with health & safety requirements applicable to the services/supports provided
- A safety consultant who is in private practice
- A representative of the organizations fire or workers compensation carrier or who is in private practice
- A risk management specialist
- An industrial health specialist
- A local fire control authority or representative of the fire department

The inspections cover applicable areas:
- Heating & cooling systems
- Electrical systems
- Emergency warning devices
- Walking and working surfaces
- Ingress and egress
- Health & sanitation related to:
- Food prep. Eating areas
- Restrooms

Structural Integrity of the Facility:
- The working environment, including:
- Illumination
- Noise
- Air contaminants
- Ventilation
- Storage of hazardous materials
- Fire protection systems and equipment
- Air protection systems or warning devices, such as carbon monoxide detectors
- Safety devices installed on equipment
- Other protective devices
- Recreation/visitation areas
- Other areas appropriate to the services provided

11.c: Health & Safety Drills:
Practicing emergency procedures helps staff and clients/families to better respond in an actual emergency. Provider shall conduct drills of emergency procedures at all locations and document the drill through a written analysis of the drills to determine areas of needed improvement, actions taken, results of performance improvement plan and necessary education and training.

Drills (and a written drill report) are required for each of the following situations:

- Fires
- Bomb Threats
- Natural Disasters (Earthquakes)
- Utility Failures
- Medical Emergencies
- Violent or other threatening situations
- Complete Evacuation from the facility (Must be done live)

Drills (except for the Complete Evacuation) may be simulated or table-top drills.

Section 12: Quality Assurance & Improvement Program Standards

TheBHPN is committed to high quality and effective services through a comprehensive Quality Assurance & Improvement Program. The BHPN's Quality Program objectives are to ensure clients and families receive safe, affordable, and effective care. To achieve this, the services we provide must be:

- Effective: providing services based in evidence, at the right time(s), and that support clients in achieving meaningful outcomes
- Efficient: ensuring services and business processes are conducted in a manner that avoids waste, including waste of equipment, supplies, ideas, and energy.
- Accessible/Timely: understanding barriers to services and barriers to effective and efficient operational processes and working to reduce those barriers.
- Satisfactory: providing services that are respectful and responsive to individual client preferences, needs, and values while meeting the expectations of clients and customers.

BHPN Quality Assurance & Improvement Activities include the following:

12.a: Annual Provider Oversight Audits

At least once a year, the BHPN will conduct a performance oversight audit of each BHPN contracted Provider. The annual audit is intended to understand if and to what degree the Provider is conforming to the requirements outlined in this manual and the BHPN Contract. Any findings identified in the audit will result in a Corrective and Preventative Action (CAPA) Plan that must be completed within 30-days of the Provider's Audit. Audit Results and/or not meeting the deadlines of the CAPA can lead to remedial actions.

12.b: Billing & Documentation Audits

At least once a year, and as-needed (sometimes more often than once a year), the BHPN will conduct audits of billing and documentation to ensure that services billed are being provided and documented appropriately and in alignment with the billing. Findings identified in the audit can lead to recoupment of charges paid and other remedial actions.

12.c: Ad-Hoc Audits:

From time to time, the BHPN may need to conduct ad-hoc audits of a provider for a variety of quality or compliance reasons. Providers are expected to comply and cooperate with all audit requests. Providers should understand that audits are often time sensitive and BHPN may need to request documentation or information be returned to BHPN in a short amount of time. Findings identified in any audit can lead to recoupment of charges paid and other remedial actions.

12.d: Other requirements, as needed

The BHPN reserves the right to implement and require other requirements of Providers, as needed to ensure the quality and oversight of services provided to clients and families. These other requirements will be sent via email communications to providers; those emails serve as extensions of this BHPN Provider Manual.

12.e: Program Quality Plans

To support effective and quality-oriented services for clients and families, Providers must understand their strengths and challenges as a service provider, and continuously work to build on strengths and improve challenge areas.

A documented Program Quality assessment is to be conducted at least annually and should address the following elements:

- Previous performance goals set, and progress made towards those goals
- Service models and strategies utilized, and whether they are current with best practices in the field and current research.
- Stakeholder satisfaction
- Effectives of Services
- Efficiency of Program and Services
- Reportable Events / Incident Reporting
- Community Integration barriers for clients and families
- Technology Related barriers for clients and families, and if/how technology can increase accessibility for clients and families.
- Communication and Language barriers that may exist for client's and families and how the provider can support decreasing those barriers.
- Cultural Responsibility of staff to increase awareness of physical, cultural, religious, ethnicity, and other identified needs of the population served.
- Provider's participation in community-based activities to promote awareness of and informational resource sharing on ASD

Based on the annual assessment, a written Quality Plan must be set to address the findings of the assessment, and/or to continue quality improvement within the services provided.

Plans are required to be submitted to the BHPN each year as part of the Provider's Annual Audit. Please see the Appendix for a template.

Section 13: BHPN Provider Portal- Terms of Use

BHPN is in the process of rolling out Provider Portal for some key operational activities, in hopes of simplifying the way that Providers interact with BHPN. The Portal will be rolled out in phases.

Each Provider's Admin User is responsible for ensuring Individuals have appropriate access to the portal, and BHPN will validate users from time to time through the Administrative Account Manager.

13.a: BHPN Provider Portal Terms of Use:

Provider agrees to implement appropriate measures, including the establishment and maintenance of policies, procedures, and technical, physical, and administrative safeguards, designed to ensure the security and confidentiality of information access through the Provider Portal that protects against reasonably foreseeable threats or hazards to the security or integrity of such information and protect against unauthorized access to or use of such information.

A. **Provider User Administrator** provider must assign an administrator with sufficient authority to enable adherence and enforcement of the stated job responsibilities below.

1. Compliance with applicable organizational, state, and federal policies, laws, and regulations

2. Ensuring proper control of access to the BHPN's IT applications and platforms

    a. Ensure proper training of users on privacy and security before granting access to BHPN IT applications or platforms as may be regulated under HIPAA or other laws and regulations

    b. Ensure user access to BHPN's IT applications and platforms is reviewed regularly
    c. Submit access request to the BHPN

    d. Ensure minimum necessary access is requested for user

    e. Ensure removal of access of user upon termination or change in job function