

**COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD**  
27 Vista Drive, P O Box 500, Lisbon, Ohio 44432

**SUBJECT:** BOARD PROVIDER CONTRACTS  
AND CONTRACTING

**Section:**

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**Effective Date:** 03/24/05

**Supersedes:**

**Approved By:** Patricia A. Baumgarner  
Executive Director

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**POLICY:**

Contracts between the Columbiana County Mental Health and Recovery Services Board and provider agencies will address all essential elements. Guidelines will be provided yearly for the submission of proposals.

**PROCEDURES:**

1. The Board will set out an application packet with written guidelines and requirements for the submission of program plans and budget proposals.
2. Board and provider agency contracts are developed with legal counsel and include the following:
  - Governing statutes, rules, and authority
  - Contract period
  - Provision for Board to carry out its statutorily prescribed oversight, monitoring, and auditing function
  - Mechanism for payment
  - Contract amount
  - Cancellation provision
  - Mechanism for revisions
  - Mechanism for dealing with mid-year reductions of state allocations
  - Reconciliation or final settlement process (for Medicaid only)
  - Insurance and liability
  - Provision of utilization review
  - Official status of agencies as independent contractors
  - Additional interim and year-end reports required
  - Method for defining how 120-day notices will be used
  - Methods for handling contractually-related disputes (general procedures and clinical disputes)
3. Board-agency contracts will be signed and executed prior to the expiration of the previous contract. In the event of a provider questioning the contract language, the Board will extend the previous contract until the contract language is clarified.
4. If a provider refuses to sign the contract, an out-of-county provider agency will be sought in order to avoid a gap in the provision of critical services.
5. Compliance with required reports and other requested documentation will be maintained, and appropriate action taken, if necessary.

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6. MACSIS service reports are provided to agencies when necessary. Services, by category, are provided to assist agencies in their preparation of reports.

7. The Board issues 120-day notices to providers before the contract termination date.

- The purpose of the 120-day notice is to provide sufficient warning to the affected party and to allow time for a response and/or preparation.
- The 120-day notices are sent postage prepaid, by certified mail.
- The 120-day notice will include a summary of the rationale for the proposed contract change, non-renewal, or termination, and a summary of:
  - the nature and approximate scope of the projected change;
  - the approximate timing of the projected change; and
  - if relevant, a reasonably approximate estimate of the financial impact of the projected change.

8. The Board adheres to 42 CFR431.51 "Free Choice of Providers" assuring that a Medicaid contract will be issued to any requesting agency within the Board service area that is ODMH or ODADAS certified.

**FORMS:** Sample Packet for Submission of Proposals  
Sample Contract  
Sample 120-Day Notice

CCMHR SB:pr  
11/02/05